

TOOLKIT FOR IMPLEMENTING COMPREHENSIVE HIV PREVENTION PROGRAMS FOR PEOPLE WHO USE DRUGS



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ABBREVIATIONS/ACRONYMS

AED	Academy for Educational Development
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral Therapy
BCC	Behavior Change Communication
CBO	Community-Based Organizations
CDC	Centers for Disease Control and Prevention
CITC	Client-Initiated Testing and Counseling
CLEAR	Choosing Life, Empowerment, Action, Results
FHI	Family Health International
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
IEC	Information Education Communication
IDU	Injection Drug User
IOM	Institute of Medicine
I-RARE	International Rapid Assessment, Response, and Evaluation
JHU	Johns Hopkins University
NCETA	National Centre for Education on Training and Addiction
NIDA	National Institute on Drug Abuse
NIDU	Non-Injection Drug User
NSE	Needle and Syringe Exchange Programs
NYDOH	New York State Department of Health
OSI	Open Society Institute
PITC	Provider-Initiated Testing and Counseling
PMTCT	Prevention of Mother to Child Transmission
PWID	People who Inject Drugs
PWUD	People who Use Drugs
SHIELD	Self-help in Eliminating Life-Threatening Diseases
SAMHSA	Substance Abuse and Mental Health Services Administration
STI	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNHCR	United Nations High Commission on Refugees
UNODC	United Nations Office on Drugs and Crime
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

CHAPTER 1: ABOUT THIS TOOLKIT

People who use drugs (PWUD), including people who inject drugs (PWID), are marginalized and stigmatized in most societies; and often are at increased risk of acquiring and transmitting HIV, Hepatitis, and other blood-borne pathogens.¹ These populations are hard to reach and often, least able to access and least likely to utilize HIV prevention, care, and treatment services. Therefore, HIV prevention programs need to be developed or tailored to effectively target, reach, and address the particular needs of PWUD.

International and national organizations such as the World Health Organization (WHO), the joint United Nations Programme on HIV/AIDS (UNAIDS), the Centre for Harm Reduction, and the National Institute on Drug Abuse (NIDA) have developed high-quality materials (e.g., guidelines, manuals, protocols, and training curricula) to guide the provision of HIV-related prevention services to people who use and/or inject drugs. These materials currently exist in many different formats and have been developed with a variety of target audiences and program foci in mind. This toolkit has been developed to serve as a guide to available resources on HIV prevention among drug-using populations.

Aim of the Toolkit

- ❖ The toolkit aims to provide an overview of tools and resources for key, effective interventions and planning programs for PWUD, including designing and implementing programs, monitoring and evaluating program progress and outcomes, and supporting and developing effective drug and HIV policy.

Target Audience

- ❖ Persons responsible for guiding, developing, and implementing policy and programs to prevent HIV among drug-using populations including, but not limited to, Chiefs of Party, Country Directors, Ministries of Health, multi-sectoral government staff and professionals involved in HIV/AIDS prevention, members of non-governmental (NGO) and community-based (CBO) organizations, clinicians, and other persons who provide direct services to PWUD.

Methods

- ❖ Keyword searches were conducted of Web sites, relevant published literature, and other published and unpublished sources, including reports, manuals, and other materials. Search terms included, “injection and non-injection drug users (IDU and NIDU), HIV/AIDS, substance abuse, substance abuse treatment, and HIV prevention care and treatment.” The objective was to identify recent (published after 2000), relevant tools and materials that address HIV prevention among drug-using populations. The focus was on locating and compiling practical tools, guidelines, reports, and other resource documents. Select review articles are included that provide evidence for various HIV prevention interventions among drug-using populations.

How to Use This Toolkit

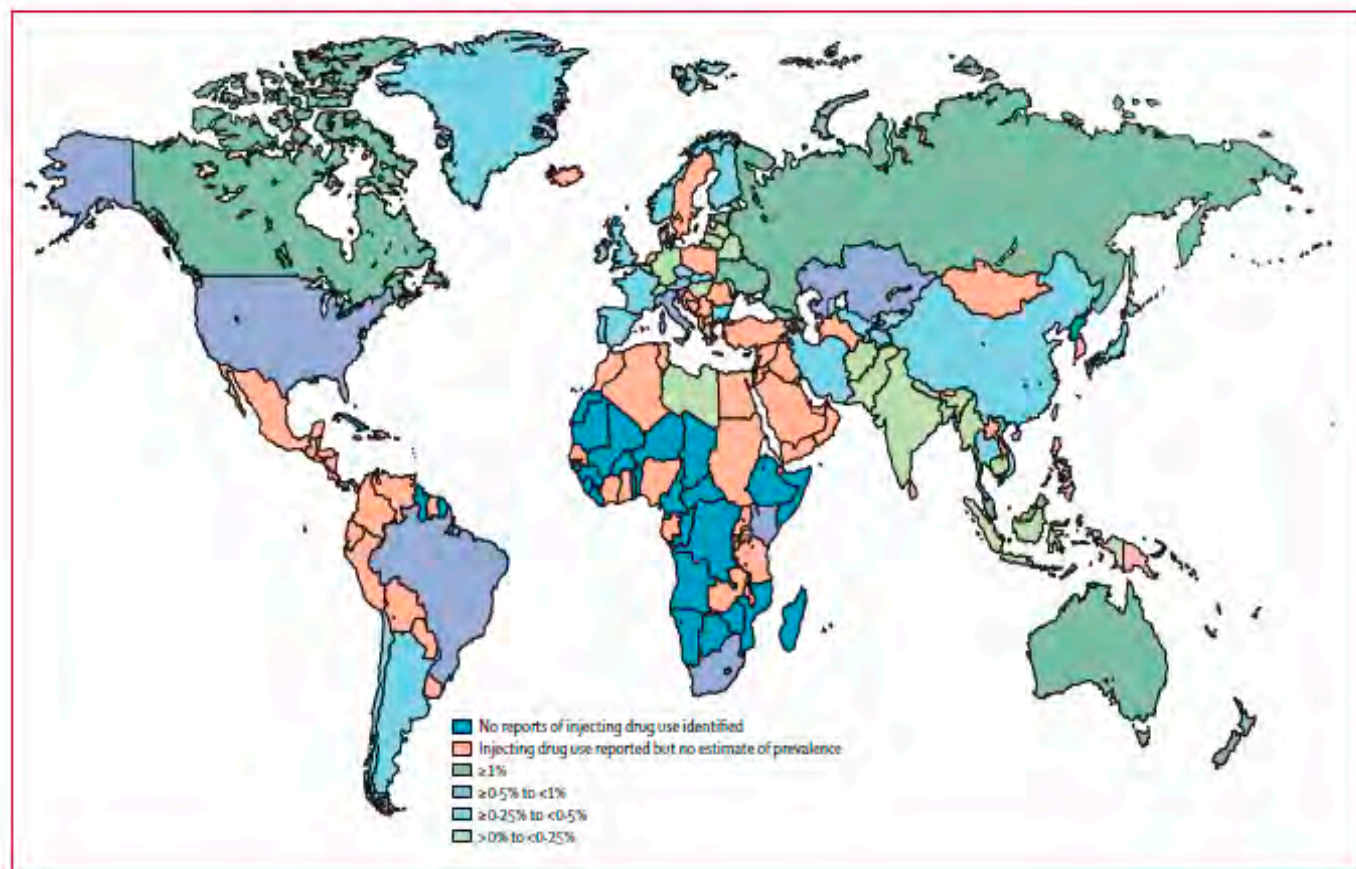
- ❖ The toolkit is divided into chapters based on program development and the core complementary interventions that make up a comprehensive HIV/AIDS prevention program for drug users. Each section provides a summary of major principles and a list of related tools and resources. These tools and resources are relevant to, and expand upon, principles, evidence, and information presented in each chapter. A list of works cited is presented, followed by an annotated list of all the tools mentioned, at the end of the document in Appendix 1.

CHAPTER 2: BACKGROUND AND OVERVIEW OF DRUG USE AND HIV

Drug Use and HIV

One hundred, seventy-two to two hundred, fifty million people aged 15–64 report using illicit drugs at least once in the last year. Of these, 18–38 million are “problem drug users”.² Problem drug users are those who consume most of the drugs used each year, are very likely dependent on drugs, and would benefit from treatment. Considerable regional, country, and local variation occurs in the prevalence and patterns of drug use, the route of administration (e.g., injecting, snorting, and/or smoking), and the settings in which drugs are used. There are an estimated 15.9 million injecting drug users in 148 countries where use of injecting drugs has been documented and the global prevalence of injecting drug use is shown below.³

Figure 1: Prevalence of Injecting Drug Use³



HIV/AIDS in people who use drugs is a global public health problem, as demonstrated by the large number of PWUD living with HIV. An estimated three million people who inject drugs may be HIV positive.³ Five to ten percent of HIV/AIDS cases worldwide are attributed to injection drug use.^{4,5} Regional statistics have emerged estimating the proportion of HIV cases attributable to injection drug use. In Eastern Europe and Central Asia, an estimated 54% of all HIV infections are a result of injection drug use. In Latin America and the Asia Pacific region, the proportion of HIV infections estimated to be from injection drug use is 3% and 30%, respectively.⁶

HIV Risk among People who Use Drugs

Drug users are at increased risk of acquiring and transmitting HIV due to drug- and sex-related HIV risk behaviors.

Drug-Related HIV Risk

HIV epidemics spread rapidly among drug users because of the increased exposure to the virus through the sharing of contaminated drug-injection equipment (e.g., needles, syringes, and cookers). Several reasons exist for the sharing of equipment such as: 1) group norms and rituals, 2) difficulty in obtaining clean equipment (i.e., cost and availability), and 3) inability to keep and maintain one's own injection equipment due to household, social, or legal environments.⁷ Needles are more efficient in transmitting HIV because they provide a direct route from an infected person's blood to a non-infected recipient's blood. Also people who inject drugs tend to inject frequently (multiple times daily), which increases their risk of acquiring and transmitting HIV, viral hepatitis, and other blood-borne pathogens.¹

Sex-Related HIV Risk

PWUD and PWID also transmit and acquire HIV through high-risk sex behaviors. People who use and/or inject drugs may be sexually active with male and/or female sex partners. Since drugs can impair judgment, drug use has been associated with increases in high-risk sexual behaviors, including engaging in unprotected sex, having multiple and often high-risk sex partners, and exchanging sex for money or drugs.¹

Mother-to-Child Transmission

When a HIV positive female drug user becomes pregnant and gives birth to a child, it is possible that HIV can be transmitted from the mother to the child. This type of risk is lessened if the HIV-positive female drug user knows her status, receives anti-natal care, and prevention of mother-to-child transmission services.

To effectively limit the acquisition and transmission of HIV among PWUD, a comprehensive prevention program is needed, which begins with an understanding of the population, specific HIV risks related to drug use, and the effective interventions for reducing HIV among PWUD.

The tools and resources in this section provide background on the HIV/AIDS and drug use.

[Tools and Resources: Background and Overview of Drug Use and HIV](#)

Tool 2.1 Aceijas et al. (2004): Global overview of injecting drug use and HIV infection among injecting drug users.

Tool 2.2 CDC (2007): Drug Use and HIV Curriculum

Tool 2.3 IOM (2006): Preventing HIV Infection among Injecting Drug Users in High Risk Countries: An Assessment of the Evidence

Tool 2.4 Mathers et al. (2008). Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review.

Tool 2.5 Special Issue, African Journal of Drug and Alcohol Studies (2006): Substance Abuse and HIV/AIDS in Sub-Saharan Africa

Tool 2.6 UNODC (2008): World Drug Report 2008

CHAPTER 3: ASSESSING THE LOCAL DRUG USE CONTEXT

Effective programs are based on an understanding of who is using drugs, which drugs are being used, what kinds of risk behaviors are related to drug use (e.g., sharing injection equipment and increased frequency of unprotected sex) and what steps need to be taken to reach out and encourage PWUD to engage with HIV prevention activities and services.

Review existing data

Reviewing existing data is a necessary first step. Search the published and unpublished (“grey”) literature for relevant studies that describe the epidemiology of drug use and of HIV among people who use drugs in the area. Search the Internet and ask stakeholders for unpublished reports that may provide important detail and background on the context of drug use in the area or region. Review any data from epidemiological studies and behavioural surveillance surveys that may have been conducted among people who use drugs. When possible, the following sources of data should be reviewed: surveys (DHS, KAIS, BSS, etc.), qualitative studies (ethnographic research, rapid assessment, needs assessment, formative assessment, etc.), program/operational research, policy briefs, and best practices literature. This information will help program planners get a broad picture of HIVSTI and drug use in the area, and an understanding of what is already known.

Often, there are no existing data that are useful for tailoring services. Epidemiological data may have information about prevalence but may not be able to explain why PWUDs will not use services. Therefore, it may be necessary to collect qualitative data to better understand where PWUDs congregate and how to approach them. Quantitative data in the form of size estimation may be needed to determine what resources are needed. Since drug use is illegal, and PWUDs are often marginalized, collecting data on drug use can be challenging; however, this can usually be accomplished through a participatory process that includes PWUDs and community members familiar with the population in planning.

What should be assessed?

When trying to understand the HIV prevention needs of people who use drugs in a particular area, program managers should have an understanding of the following issues:

- ❖ Description of local population that uses drugs
 - Characteristics of people who use drugs (age, gender, race/ethnicity, etc.)
 - Types of drugs used (e.g., heroin, methamphetamine, and cocaine)
 - Modes of drug use (smoking, injecting, snorting, etc.)
 - Sexual and drug use related risk behaviors (e.g., sharing equipment and unprotected sex)
 - Social and cultural context of drug use
- ❖ Information related to services for people who use drugs
 - HIV prevention care and treatment services for people who use drugs
 - Drug treatment services
 - Barriers and facilitators to using HIV prevention, care, and treatment services
 - How people who use drugs feel about the available services
 - Policy and regulatory factors that affect provision or use of services

Description of People who use Drugs

This process includes identifying who is using drugs, the types and amounts of drugs used, how the drugs are used, drug- and sexual-related risk behaviors, and the social and cultural context within which drug use and HIV occurs.⁸ The mode of drug use is important in assessing HIV risk because people who inject drugs are at higher risk of contracting HIV than people who use drugs but do not inject. At the same time, some drugs that are smoked or ingested, such as crack cocaine and methamphetamine, have been associated with high-risk sexual behaviors such as

unprotected anal and vaginal sex and higher numbers of sex partners. Understanding where, when, and how drugs are used in a particular social and cultural context is important for developing strategies that reach people who use drugs and for placement of interventions and services. This information also enables program planners to locate key community members who are knowledgeable about the population and existing resources that can later be incorporated and used in developing and implementing interventions.

Information about Services for People who use Drugs

It is also important to understand factors related to HIV prevention, care, and treatment services, including the kinds of services currently available, whether the services are user-friendly (i.e., appropriate, accessible, and acceptable and affordable to PWUD), and the policy and regulatory context within which drug use and HIV transmission occur and interventions will be implemented. For example, in environments in which drug possession, use, or drug paraphernalia are criminalized, people who use drugs may be reluctant to access HIV prevention and other health services. There may also be policies that prevent HIV-positive drug users from accessing care. It will be important for program planners to understand which laws exist and which behaviors the laws criminalize (e.g., drug possession, drug use, etc.). Understanding the policy and legal environment will provide insight into potential barriers to implementation and uptake of services.

Methods Used to Describe and Characterize the Local Context: Formative Research, Rapid Ethnographic Assessment, and Size Estimation

Formative research

As mentioned earlier, it may be necessary to collect exploratory data to better understand who comprises the population, where drug using takes place, and how PWUD feel about existing services. Sometimes this phase is referred to as, “formative,” because the data are used to inform the design of the program. Formative research can be limited to asking a few simple questions or can be more complex. Formative research often incorporates qualitative methods and can be conducted using a rapid assessment approach.

Rapid ethnographic assessment

Rapid ethnographic assessment is a team-based, multi-method data collection and analysis approach that typically includes members of the target population (e.g., current and former PWUDs) as part of the planning and data collection team. A strength of rapid ethnographic assessments is that they draw on principles of ethnography in eliciting the perspective of persons on “the inside”; that is, they seek to understand drug use from the view of those who use drugs or are involved in some aspect of drug use. Interviews and focus groups can be conducted with small samples of PWUD, persons involved in the drug trade, families and partners of PWUD, outreach workers, and service providers, as needed. Structured observations at different times of the day or night will help planners identify key locations and know where and when to send outreach workers. Mapping will provide information about where activities such as drug using and drug dealing take place, and identify potential barriers to services such as the location of police stations or patrols.

Rapid assessments can vary in size and scope depending on the needs of the program. In cases where there are no existing data, an assessment with a broader scope may be needed. Ongoing programs may find it useful to conduct smaller, periodic assessments to monitor emerging trends such as what new drugs are appearing in the market. Either way, it is important to keep in mind that rapid assessments will require training and expertise in qualitative data collection and analysis and should be conducted in conjunction with program staff and members of the target population.

Estimating the Size of Drug-Using Populations

Once the population of drug users has been identified and described, it may be useful to estimate how many there are in a given geographic area (e.g., catchment area, city, region, etc.). Size estimates can be used to determine the magnitude of the problem, to evaluate how well the program is reaching the target population, and to advocate for needed resources.⁹ Before conducting size estimation, the program should determine how the population will be defined, how the data will be used, and when the results of the estimation are needed. Since drug-using behaviors are often hidden, obtaining accurate estimates of the numbers of drug users in any setting may be a challenge. There are several approaches to estimating the size of drug-using populations. Some methods are based on data collected directly from the target population, while others are based on data collected from the general population. Program planners should review the requirements, strengths and weaknesses of various methods, and select the appropriate methods for their purposes. Program planners should also review any existing size estimates that have been carried out. In some instances, it may be useful to use more than one method. Size-estimation methods, most often used to estimate the size of hidden populations, include the following:⁹

- Census and enumeration
- Capture-recapture
- Multiplier
- Surveys
- Network scale-up

Programs should exercise caution when using or publicizing the results of size estimation because focusing attention on these behaviors may lead to negative or punitive responses from government, law enforcement, or citizens. Above all, programs should strive to “do no harm.”

Sampling Strategies for Drug-Using Populations

Since drug use is often criminalized and stigmatized, persons who use drugs are often hidden, making it difficult to find and recruit them for behavioral and epidemiological studies. In most cases, random sampling will not capture the population, however, several other sampling techniques have proven to be successful in capturing hard-to-reach populations, such as venue-based (time-location) sampling, snowballing, and respondent-driven sampling.^{10 52}

In venue-based or time-location sampling, researchers approach drug users at various times in locations they are likely to frequent, such as shooting galleries, public parks, and other known drug-dealing and -using locations. The limitation of this method is that it targets only those people who use drugs who are readily accessible and may not represent an accurate cross-section of PWUD.

Snowball sampling achieves broader coverage as PWUD are accessed through their social networks, thus facilitating contact with individuals who may not frequent typical venues but who are referred to the study by other participants. This approach is non-random and does not provide generalizable information about all PWUD in that community.

Respondent-driven sampling is a network sampling approach that has been used to collect representative data among socially networked members of hidden populations. It is a variant of chain-referral methods in which an initial, non-random set of participants (seeds) help recruit successive waves of participants until the sample size is reached. The combination of snowball sampling and statistical weighting helps to compensate for the non-random nature of snowballing.

Rapid ethnographic assessment and qualitative studies typically rely on small, non-probability samples. Since the goal of these studies is to achieve depth, rather than breadth, key informants are selected based on variables of interest and their knowledge and willingness to talk about a particular topic. Participants are often recruited through snowball or chain-referral sampling. Sample size is based on the principle of saturation—the point at which no new information is being learned through interviews.

Considerations for Assessing the HIV Prevention Needs of People who Use Drugs

Multiple research methods and data collection tools can be used to describe people who use drugs, assess the extent of drug use and HIV prevalence, and determine HIV prevention care and treatment needs. However, institutions and organizations may lack the specific skills needed to address hard-to-reach populations. Therefore, programs should consider which data collection methods are appropriate for their questions, and how the data will be used. In addition, programs need to consider the institutional capacity available to use the chosen method. Finally, programs should take care to maintain the privacy, safety, and trust of participants and ensure that data collected is accurate and ethically sound.

The tools and resources in this section provide information on methods of documenting and describing HIV risk behaviors among PWUD, determining the prevalence of HIV among PWUD, and determining the size of drug-using populations.

Tools and Resources: Assessing the HIV Epidemic among People who use Drugs

Tool 3.1 CDC (2007): International Rapid Assessment, Response, and Evaluation (I-RARE) Curriculum: Methods and Analysis Training for Field Teams: Using Rapid Assessment Methodologies and Qualitative Analysis Techniques to Understand and Respond to the HIV Epidemic in Drug Using Populations

Tool 3.2 Journal of Urban Health Supplement (2006): Special Issue on Respondent Driven Sampling

Tool 3.3 Stimson, Hickman, Rhodes, Bastos, and Saidel (2005): Methods for Assessing HIV and HIV risk among IDUs and for evaluating interventions

Tool 3.4 UNAIDS/WHO (2010): Estimating the size of populations most at risk to HIV.

Tool 3.5 UNAIDS/IMPACT/FHI (2003): Estimating the Size of Populations at Risk for HIV

Tool 3.6 UNHCR (2008): Rapid Assessment of Alcohol and Other Substance Use in Conflict-affected and Displaced Populations: A Field Guide

Tool 3.7 UNODC (2003): Developing an Integrated Drug Information System: Global Assessment Programme on Drug Abuse

Tool 3.8 WHO (2003): Rapid Assessment and Response Guide on Psychoactive Substance Use and Sexual Risk Behaviour

Tool 3.9 WHO (1998): Rapid Assessment and Response Guide on Injection Drug Use (IDU-RAR)

CHAPTER 4: PLANNING COMPREHENSIVE HIV PREVENTION PROGRAMS FOR PEOPLE WHO USE DRUGS

After characterizing the HIV epidemic among PWUD, planning for HIV prevention interventions for these populations can begin. HIV prevention programs among PWUD should aim: ¹¹

- ❖ To reduce or eliminate drug-related risk behaviors that contribute to HIV transmission and acquisition, including unsafe drug preparation and injection practices.
- ❖ To reduce or eliminate sex-related risk behaviors contributing to HIV transmission and acquisition, including unprotected anal, vaginal, and oral sex with multiple partners.

Program Development

As the HIV/AIDS epidemic is fluid, programs will need to adapt to changing circumstances by using a strategic approach to plan HIV prevention programs for PWUD that is periodically reassessed taking the following into consideration: ¹²

- ❖ The current HIV/AIDS situation among PWUD
- ❖ The current public health response to HIV/AIDS among PWUD
- ❖ Key barriers to current responses
- ❖ Areas for improvement of current responses
- ❖ Available and potential resources
- ❖ Most important factors and programmatic priorities

A strategic approach to HIV/AIDS program development will include well-defined goals, priority objectives, key strategies, and associated resources (monetary and human) to reach these objectives, as well as a defined set of targets and indicators.

HIV/AIDS Prevention Program for People who use Drugs

Effective HIV prevention programming for PWUD ensures the participation of members of the community in program development, implementation, and management. Members of the community include PWUD/PWID, their sexual and drug use partners, and surrounding community. The multi-component, HIV prevention program (described below) includes interventions that address multiple health issues related to HIV, such as TB, STIs, and Hepatitis B and C. To ensure PWUD have access to these services, it will be important to consider establishing a strong referral network as well as various service delivery models including:

Program collaboration—a mutually beneficial and well-defined relationship between two or more programs. It requires a strong referral network to ensure programs effectively collaborate to deliver services to the individual.

Co-location of services—provides different services in the same physical location. These services require different registration procedures and have separate records for individuals that are not linked to each other.

Service integration—a distinct method of service delivery that provides the individual with access to services from multiple programs without repeat registration procedures or other administrative barriers. ¹³

Principles in Service Delivery to People who Use Drugs

Along with a variety of service-delivery models, HIV prevention programs for PWUD need to be user-friendly. User-friendly services are appropriate, accessible, acceptable, and affordable.

- **Appropriate Services**

Interventions must be culturally appropriate and based on the needs of the local, drug-using population. Therefore, PWUD should be involved in all stages of program planning and implementation to ensure interventions are timely, appropriate, and respond to the current needs of the population. Also, service providers should be trained on the specific health needs of PWUD (e.g., wound care from injecting practices).

- **Accessible Services**

Accessible health services are conveniently located (e.g., near the identified “hotspots”) and open at hours that are acceptable to PWUD. Accessible interventions limit the number of logistical barriers, thereby increasing the number of individuals seeking health services. Whenever possible, services should be integrated and/or co-located to expand the coverage for a broader range of health services accessed in a single visit.

- **Acceptable Services**

Service providers and program implementers must adopt a non-judgemental and non-stigmatizing attitude, as well as be trained in dealing with the special needs of PWUD. Services must be confidential and voluntary to ensure the health and human rights of PWUD are maintained. Any health services provided to PWUD must also be in line with international standards and current best-practices and guidance within the country.

- **Affordable services**

People who use and inject drugs are usually financially disadvantaged and may not view HIV prevention as an economic priority. Therefore, programs should consider who comprises the local, drug-using population and their ability to pay for services. In many cases, services may need to be free or subsidized to overcome financial difficulties faced by PWUD.

Comprehensive HIV Programs for PWUD

HIV prevention among PWUD should focus both on individual risk behaviors and the HIV-risk environment. Evidence has shown the fundamental components (detailed in Chapter 5) of a comprehensive, complementary, HIV prevention program for drug users include the following:

- **Community-based outreach**
- **Risk reduction counseling and behavior change interventions**
- **HIV testing and counseling**
- **Condom distribution and promotion**
- **Access to, and safe disposal of, injection equipment**
- **STI screening and treatment**
- **HIV care and treatment**
- **Treatment for drug use and dependence**
- **Prevention, diagnosis, and treatment of Tuberculosis (TB)**
- **Vaccination, diagnosis, and treatment of viral hepatitis¹⁴**

In conjunction with the above services, referrals to appropriate social services (i.e., shelters, employment assistance, etc.) should be provided. These services help to provide the supportive environment that is usually needed for PWUD to assimilate back into the community.

HIV prevention interventions for PWUD need to address the overall HIV risk environment as well as individual risk behaviors by advocating for increased access to health services and removal of barriers. This is done by advocating for a policy environment in which PWUD have the ability to access health care without criminalization and stigmatization. HIV programs may need to

negotiate with local authorities to address issues that negatively impact health care access. Both individual-level and environmental-level interventions are needed to prevent and treat HIV among PWUD.

The following tools and resources provide information on designing HIV prevention programs and interventions for PWUD.

Tools and Resources: *Planning Comprehensive HIV Prevention Programs for PWUD*

Tool 4.1 AED (2000): A Comprehensive Approach: Preventing Blood-Borne Infections among Injection Drug Users

Tool 4.2 Center for Harm Reduction (2003): Manual for Reducing Drug-Related Harm in Asia

Tool 4.3 FHI (2001): HIV/AIDS Prevention and Care in Resource-Constrained Settings: A Handbook on for the Design and Management of Programs.

Tool 4.4 National AIDS Control Organization: Government of India (2007): Targeted Interventions Under NACP III: Operational Guidelines

Tool 4.5 NIDA (2002): Principles of HIV prevention in drug-using populations: A research-based guide

Tool 4.6 NYDOH AIDS Institute (2009): HIV and Substance Use Clinical Guidelines: Working with the Active User

Tool 4.7 OSI (2008): Harm Reduction Developments: Countries with Injection-Driven HIV Epidemics

Tool 4.8 Regional Office for the Eastern Mediterranean/WHO (2004): Best practice in HIV/AIDS prevention and care for injecting drug abusers: The Triangular Clinic in Kermanshah, Islamic Republic of Iran

Tool 4.9 UNAIDS (2006): High Coverage Sites: HIV Prevention among Injecting Drug Users in Transitional and Developing Countries

Tool 4.10 UNODC South Asia: Prevention of HIV among Drug Users in the South Asian Association for Regional Co-operation (SAARC) Countries

CHAPTER 5: IMPLEMENTING HIV INTERVENTIONS AMONG PEOPLE WHO USE DRUGS

As previously mentioned, a comprehensive, multi-component, HIV prevention program is the most effective approach for preventing the transmission and acquisition of HIV among drug-using populations. The comprehensive, multi-component, HIV prevention program is based on principles of harm reduction. Harm reduction is a pragmatic and humanistic approach to reducing the harms (especially the risk of HIV and other blood-borne pathogens) to the individual and society from drug use. The aim is to reduce the adverse health and social effects of drug use through activities and approaches that safeguard the dignity, humanity, and human rights of PWUD. Harm reduction principles are based on the recognition that there is no known effective intervention for eliminating drug use or drug-related harms and, therefore, no current means for a community to be completely drug free. Harm reduction recognizes that, for many PWUD, becoming drug free is a distant and long-term goal. Therefore, programs address the needs of PWUD by understanding where they are on the continuum of behavior change and helping the PWUD reduce the acquisition and transmission of HIV and other blood-borne pathogens. This may not result in a person completely abstaining from drugs, but will reduce personal and societal public health harm. All the HIV prevention interventions for PWUD/PWID detailed below are based on reducing public health harm to the individual and larger society.¹³

5.1 Community Outreach

The goal of community outreach is to help PWUD reduce their drug-related HIV risk and to decrease HIV transmission among PWUD and their partners. Community outreach workers typically make contact with PWUD in their community to provide HIV prevention information, risk reduction counseling and supplies (e.g., bleach kits and condoms), and referrals and/or links to VCT, STI, HIV care and treatment, and drug treatment services.¹ Community-based outreach is a low-cost, effective intervention, well-suited for settings with limited resources and can be rapidly scaled up.¹ Evidence shows that high-quality community outreach programs can be effective in:

- 1) Reducing frequency of drug use
- 2) Reducing injection frequency
- 3) Reducing frequency of sharing needles and other injection equipment
- 4) Increasing needle disinfection
- 5) Increasing condom use
- 6) Increasing entry into drug treatment programs^{16,17}

Evidence also shows that people who use drugs, who make contact with community outreach workers, are more likely to accept HIV counseling and testing and access and enter drug treatment programs.^{15,16}

Outreach workers typically reside in the PWUD's community and may be current or former drug users. Current PWUD facilitate entry into the drug-using network, especially among PWID. These workers can easily contact injecting peers and are more positively received by drug-using networks. Through a process of engagement with people who use drugs, outreach workers carry out HIV risk assessments, transfer risk reduction skills and support behavior change to reduce or eliminate high-risk practices and facilitate entry into services. Community outreach with people who use drugs usually includes establishing initial contact and making repeated contacts over time in order to establish rapport and trust. Outreach workers make contact with PWUD by working in venues frequented by PWUD, such as bars, shooting galleries, and crack houses. Outreach workers are trained on the strategies for accessing hard-to-reach populations and recognizing and dealing with changing drug-use behaviors.

The tools and resources below provide guidance on implementing community outreach programs as well as provide training guides for outreach workers.

Tools and Resources: Community Outreach

Tool 5.1.1 National Institute on Drug Abuse (2000): The NIDA Community-Based Outreach Model: A Manual to Reduce the Risk of HIV and Other Blood-Borne Infections in Drug Users

Tool 5.1.2 Needle et al (2005): Effectiveness of community-based outreach in preventing HIV/AIDS among injecting drug users.

Tool 5.1.3 Valentine and Wright-De Agüero (1996): Defining the components of Street Outreach for HIV Prevention: the Counter and Encounter

Tool 5.1.4 WHO (2004): Evidence for Action: Effectiveness of Community Based Outreach

Tool 5.1.5 WHO/UNAIDS/UNODC (2004): Policy Brief: Reduction of HIV Transmission through Outreach

Tool 5.1.6 WHO (2004): Training Guide for HIV Prevention Outreach to IDUs: WHO Workshop Manual

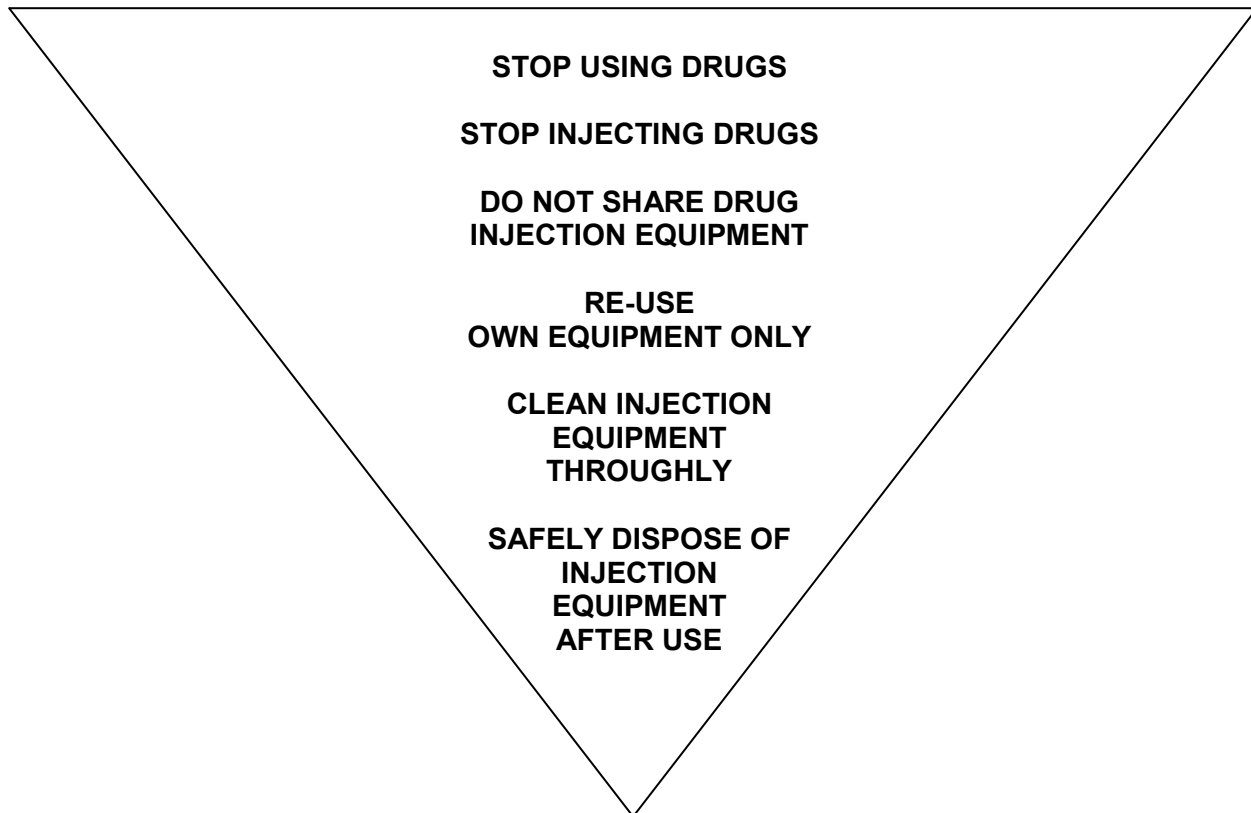
5.2 Risk Reduction Counseling and Behavior Change Interventions

Risk Reduction Counseling

The goal of risk reduction counseling and behavior change interventions is to reduce the negative health consequences associated with certain health risk behaviors. Risk reduction for PWUD should address both drug and sexual risk behaviors. For people who inject drugs, the focus of risk reduction has been on reducing drug-use practices, such as sharing injection equipment and improper cleaning and disposal of injection equipment that contribute to blood-borne disease transmission.¹⁴ However, most PWUD have sex partners and some non-injection drugs, such as cocaine and methamphetamine, that are associated with higher frequencies of sexual risk behaviors.¹⁵ Both injecting and non-injecting drug users should be counseled regarding sexual risk behaviors and advised to avoid having unprotected anal or vaginal sex, sex with multiple or known high-risk partners, and to use condoms correctly and consistently.

Harm reduction, as mentioned above, is an approach used by many countries to address the detrimental health effects of illicit drug use, especially injection drug use, without necessarily requiring reduction in overall drug consumption. Risk reduction is a strategy used within a harm reduction approach. Risk reduction addresses the potential public health impact of illicit drug use by involving PWUD and prioritizing short-term behavioral goals that prevent or interrupt disease transmission rather than longer term goals. These short-term goals are often based on a hierarchy of HIV/AIDS risk reduction strategies, including those that require dramatic changes in behavior (stop using drugs) to less dramatic but nonetheless important changes (cleaning injection equipment) that will reduce the likelihood of acquiring or transmitting HIV and other blood-borne pathogens.

Figure 2: Hierarchy of HIV/AIDS Risk Reduction Messages for IDUs¹⁰



Risk reduction counseling can take place in a variety of settings and through different modes of delivery, including through community outreach workers in the field or in health care settings. In general, risk reduction counseling for PWUD includes some or all of the following: provision of information on HIV/STI transmission, assessment of personal risk and responsibility, access to risk reduction supplies (e.g., sterile syringes and condoms), and skills training (condom negotiation and syringe cleaning). Interventions should also include referral to HIV testing and counseling, STI screening and treatment, HIV care and treatment for HIV-positive drug users, and drug treatment, if available. High-quality community outreach programs that include risk reduction counseling, supplies, and referrals can be easily implemented and scaled up in resource-constrained settings.

Behavior change interventions

Interventions to reduce drug and sexual risk taking can range from relatively straightforward delivery of information and supplies to more complex or structured behavior change interventions that are based on cognitive behavioral and social theories such as the Social Learning Theory, Self-Efficacy Theory, and Diffusion of Innovation Theory. These interventions may involve multiple sessions or components, and may target individuals, groups, communities, or be multi-level in design.¹⁶ The content of interventions varies, but generally they include components that address personal and technical skills building, personal goal setting, and provision of social and emotional support. More complex behavioral interventions for PWUD are also available, and there are a number of interventions with drug users that have demonstrated substantial evidence of efficacy in reducing HIV and STI risk.¹⁷ Most of these interventions have been developed in the United States in research settings and have not been used in resource-constrained settings. These interventions may require adaptation for the local setting and additional training and capacity building to be implemented correctly.¹⁸

Tools and resources on risk reduction and specific behavior change interventions for PWUD are provided below.

Tools and Resources: Risk Reduction Counseling

Tool 5.2.1 Afser, Mohamed, AAHUNG, National AIDS Control Programme, Ministry of Health, Government of Pakistan & Futures Group (2007): Guidelines for Behavior Change Communication: Enhancing Content for Harm Reduction Service Provision

Tool 5.2.2 Aggleton, Jenkins, and Malcolm (2005): HIV/AIDS and injecting drug use: Information, education and communication

Tool 5.2.3 Canadian AIDS Council (2004): HIV Transmission Guidelines for Assessing Risk

Tool 5.2.4 CARE/UNAIDS (2003): Guidelines for Behavior Change Interventions to Prevent HIV: Sharing Lessons from an Experience in Bangladesh

Tool 5.2.5 Des Jarlais and Semaan (2005): Interventions to reduce the sexual risk behaviour of injecting drug users

Tool 5.2.6 International Federation of Red Cross and Red Crescent Societies (2003): Spreading the Light of Science: Guidelines on Harm Reduction Related to Injection Drug Use

Tool 5.2.7 Semaan, Des Jarlais, and Mallow (2006): Behavior Change and Health-Related Interventions for Heterosexual Risk Reduction Among Drug Users

Tool 5.2.8 WHO, Regional Office for South-East Asia, and Regional Office for the Western Pacific (2005): Bi-regional Strategy for Harm Reduction 2005-2009: HIV and Injecting Drug Use

Tools and Resources: Behavioral Interventions

Tool 5.2.9 AED/CDC (2006): Safety Counts Program Manual: A Cognitive-Behavioral Intervention to Reduce HIV/Hepatitis Risks Among Drug Users Who Are Not in Drug Treatment

Tool 5.2.10 CDC (2006): Provisional Procedural Guidance for Community-based Organizations

Tool 5.2.11 JHU/NIDA (1997): Self Help in Eliminating Life-Threatening Diseases (SHIELD)

Tool 5.2.12 Lyles et al/CDC (2007): Best Evidence Interventions: Findings from a Systematic Review of HIV Behavioral Interventions for US populations at High Risk, 2000–2004

Tool 5.2.13 NIDA/University of California: Los Angeles (2000): Choosing Life; Empowerment, Action, Results (CLEAR)

Tool 5.2.14 Sterk and CDC (1998): Female and Culturally Specific Negotiation Intervention Training Manual

Tool 5.2.15 Yale/CDC (2004): Holistic Health Recovery Program Manual

5.3 HIV Testing and Counseling

HIV testing and counseling (HTC) allows individuals to learn their HIV status, as well as receive counseling and support in coping with a positive or negative result. HTC includes pre-test information to enable individuals to make an informed decision to be tested and tailored counselling to cope with a positive or negative test result. The level of post-counselling depends on the type of HTC implemented and is discussed further below.

Types of HTC

- **Client-initiated HIV testing and counseling (CITC)** refers to a situation whereby an individual, couple, or group actively seeks out HIV testing and counseling at a site where these services are provided. CITC puts emphasis on tailored risk assessment and reduction counselling. In generalized epidemics, it is recommended that CITC should be made widely available using a variety of service delivery modalities. In low-level or concentrated epidemic settings, focus should be on increasing access and uptake among most at-risk populations (MARPs), such as PWUD and other vulnerable populations.¹⁹
- **Provider-initiated HIV testing and counselling (PITC)** in health facilities is a model of HIV testing and counseling in which the health care provider offers and recommends HIV testing to patients as a standard component of medical care. In generalized epidemic settings, it is recommended that all patients be offered the opportunity to test. In low-level or concentrated epidemic settings, patients with signs or symptoms of HIV should be offered a test, along with patients in the following settings: STI clinic, TB clinic, ANC and labor and delivery, and health services for MARPs (e.g., PWUD/PWID). Counseling is limited during PITC, therefore, program planners may need to refer PWUD to further counseling depending on the individual's need.²⁰

Settings for HTC

- **Stand-alone HTC** centers are facilities within the community that are not attached to other specific health services and usually target the general population but can be tailored for PWUD.
- **Outreach HTC** refers to services offered outside a fixed site (i.e., mobile vans, tents, etc.) and can be offered in the evening (referred to as moonlight HTC) or other times, which is important when targeting PWUD.
- **Home-based HTC** is offered in the home of an individual. Home-based HTC provides high coverage and increases acceptance of HTC in the general community.
- **Health facility HTC** can be initiated from any service delivery point in all sections of a hospital/health facility for any person. PWUD should never be forced or coerced to receive an HIV test but should be routinely offered PITC during facility visits.

HTC and People who use Drugs

Evidence shows that HTC is an important intervention in and of itself because HIV-positive persons who know their status are significantly more likely to reduce their HIV risk behaviors in order to protect HIV-negative partners.²¹ HTC also provides entry into HIV care and treatment and links to other important support services for those who test positive.²²

People who use drugs and/or inject drugs may be reluctant to be tested for HIV since their behaviors are stigmatized and criminalized. Given their engagement in high-risk behaviors, many PWUD are afraid of a positive HIV test result. PWUD lack confidence that health care providers will protect their privacy and fear prosecution from law enforcement.²³ Therefore, it is crucial to enable PWUD/PWID to access HTC by removing barriers and developing service delivery models that are accessible, affordable, and acceptable to PWUD/PWID. Below are some of the motivators and barriers to VCT, as described by PWUD.

Motivators and Barriers to VCT for People who Use Drugs^{27,24}	
Motivators	Barriers
Desire to protect partners Understand benefits of early HIV diagnosis and treatment Access to drug treatment Convenient (walk in location, convenient hours, no waiting) Rapid tests with rapid results Assistance with disclosing to partners	Fear of being criminalized Fear of being dually stigmatized as HIV-positive and a drug user Concern about confidentiality Inconvenient (location, hours, long wait times) Counseling messages inappropriate or irrelevant to drug users Dislike of venipuncture

For programs to be successful in increasing uptake of HTC by PWUD, it will be important to address local barriers to HTC. It will also be important to create an environment that enables PWUD to know their status, including activities to limit further discrimination and stigma of HIV-positive PWUD. Current guidance recommends retesting of HIV-negative PWUD every 6–12 months or more frequently, depending on HIV risk behaviors.²⁶

Rapid HIV testing technology allows HIV tests to be conducted in a variety of settings (e.g., outreach and facility), allowing increasing access for PWUD to HTC. Advantages of rapid HIV testing include:

- ❖ Ease of administration and interpretation
- ❖ Increases confidence in test results as the test is conducted in sight of the drug user
- ❖ Increases the number of people tested by utilizing alternative locations and service delivery models (e.g., outreach, home, and community settings)
- ❖ Easily performed by non-laboratory personnel and in non-clinical settings
- ❖ Provides short turnaround time for results, increasing the number of PWUD tested who receive their results
- ❖ Facilitates earlier access to ARV treatment
- ❖ Facilitates status disclosure to partners or family members^{26,29}

HTC providers delivering services to PWUD should be trained to understand the routes of HIV transmission related to drug use. Risk assessment and risk reduction messages should include messages specifically tailored to PWUD, and should address both drug- and sex-related HIV risk behaviors. It is also important to train HTC providers to be non-judgmental and sensitive to the dual stigma associated with being both a drug user and a person living with HIV/AIDS. The following tools and resources provide a description on conducting rapid testing and PITC in resource-poor settings as well as specific guidance on HTC for PWID.

Tools and Resources: HIV Counseling and Testing

Tool 5.3.1 WHO Southeast Asia Region and Western Pacific Region/UNODC Regional Centre for East Asia and the Pacific (2009): Guidance on Testing and Counseling for HIV in Settings Attended by People Who Inject Drugs - Improving Access to Treatment, Care and Prevention

Tool 5.3.2 WHO/UNAIDS (2007): Guidance on Provider-Initiated HIV Testing and Counseling in Health Facilities

Tool 5.3.3 WHO (2004): Rapid HIV Tests: Guidelines for Use in HIV Testing and Counseling Services in Resource Constrained Settings

5.4 Condom Distribution and Promotion

The goal of condom distribution and promotion is to provide PWUD with the information, supplies, and skills to be able to use condoms correctly and consistently. Condoms, if used correctly and consistently, reduce HIV incidence by 80% and are one of the most effective ways to reduce the sexual transmission of HIV/STIs.²⁵ Prevention programs for PWUD should include access to inexpensive (or free) male and female condoms and water-based lubricants. Prevention programs should also teach PWUD the skills necessary to negotiate condom use with sex partners and use condoms correctly and consistently. Inconsistent condom use can lead to STI acquisition because transmission can occur with a single act of intercourse with an infected partner.²⁶

Health service providers, community outreach workers, and others who may interact with PWUD should be aware of the need to address sexual risk reduction among PWUD and provide support for condom- and water-based lubricant use whenever possible.

The following tools and resources provide an background on condom effectiveness and principles in condom programming.

[Tools and Resources: Condom Promotion](#)

Tool 5.4.1 UNFPA/WHO/UNAIDS (2009): Condoms and HIV Prevention: Position Paper

Tool 5.4.2 Weller, S. & Davis, K. (2002). Condom effectiveness in reducing heterosexual HIV transmission

5.5 Access to and Safe Disposal of Injection Equipment

Access to sterile injection equipment (i.e., cookers, syringes, and needles) and safe disposal of used injection equipment is an essential component of a comprehensive HIV prevention program with PWID. Access to equipment can be facilitated by removing barriers that prevent PWID from buying equipment from pharmacies and other outlets and by implementing needle and syringe exchange programs (NSE). Access to sterile and safe injection equipment also includes access to disinfection supplies (e.g., bleach).¹ These interventions are targeted towards PWID who will not or cannot stop injecting drugs, have no access to drug treatment, and/or are in treatment and continue to inject drugs.

Evidence for the effectiveness of equipment access programs in reducing HIV transmission is strong with no convincing evidence of any major or unintended negative consequences.²⁷ Injection equipment access programs are associated with self-reported reductions in sharing needles, syringes and injection equipment, in unsafe injection and disposal practices, and frequency of injection.¹

An important part of injection equipment access programs is providing disinfection supplies, such as bleach kits coupled with instructions on correctly disinfecting injection equipment before reuse or disposal.²⁸ The goal of disinfection activities is to reduce the risk of HIV by removing blood and other organic matter through flushing followed by disinfecting the equipment to “kill” the remaining virus and other infectious agents. As part of this intervention, PWID are provided information on how to safely dispose of their injection equipment.

Some injection equipment access programs include NSE. Models for NSE vary; exchange can occur through a one-to-one exchange of a “dirty” needle/syringe for a “clean” needle/syringe or through secondary exchange in which PWID distribute “clean” needles to other PWID. The latter exchange program reaches injection drug users that may not have access to one-to-one

exchange sites. Needle exchange can be based out of drop-in centers, pharmacies, vending machines, or mobile centers and are either exchanged for free or bought by PWID.²⁹

As with all interventions for PWUD, access to, and safe disposal of, injection equipment should be considered just one component of a linked or integrated set of complementary interventions that comprise a comprehensive HIV prevention program. Further information on equipment access and safe disposal are provided in the tools and resources listed below.

Tools and Resources: Access to and Safe Disposal of Injection Equipment

Tool 5.5.1 Burrows (2000). Starting and Managing Needle and Syringe Exchange Programs: A guide for Central and Eastern Europe and the newly independent states of the former Soviet Union

Tool 5.5.2 CDC/AED (2004): Syringe disinfection for IDUs

Tool 5.5.3 WHO (2007): Guide to Starting and Managing Needle and Syringe Programmes

Tool 5.5.4 WHO (2004): Effectiveness of Sterile Needle and Syringe Programming in reducing HIV/AIDS among Injecting Drug Users

Tool 5.5.5 WHO (2004): Policy Brief: Provision of Sterile Injecting Equipment to Reduce HIV Transmission

Tool 5.5.6 Wodak and Cooney (2005): Effectiveness of sterile needle and syringe programmes

5.6 STI Screening and Treatment

Screening and treatment of STIs is an important component of HIV prevention programs for PWUD. PWUD may engage in high-risk sexual behaviors including sex with multiple partners, exchanging sex for drugs or money to buy drugs, and having unprotected anal and vaginal sex. In addition, sexual mixing occurs between drug-using and non-drug-using populations and between injection and non-injection drug users. Finally, some non-injection drugs such as amphetamines have been associated with increased sexual risk taking.³⁰

STIs have been associated with a two- to five-fold increase in HIV transmission and acquisition.³¹ In HIV-positive persons, STIs increase genital viral shedding, which may increase HIV transmission.³² Effective STI treatment has been shown to reduce shedding to baseline levels.³³ While evidence is mixed on the efficacy of STI treatment for reducing HIV transmission, particularly in high-prevalence countries³⁴, treatment of STIs is important because STIs have serious adverse health consequences of their own, including neurologic disorders, ectopic pregnancy, stillbirth, low birth weight, infertility, and cancers.

STI screening and treatment may include syndromic management and/or etiological screening to determine the type of infection/disease and the appropriate treatment. In resource-constrained settings, syndromic management is common and includes history taking, education and counseling on STIs, and information and skills to prevent future STIs (i.e., condom use and negotiation skills).³⁵ PWUDs need targeted STI screening and management programs that promote access to STI services, treat symptomatic and, if feasible, asymptomatic STIs, link to HTC, other HIV services, and drug treatment. The following tools and resources provide an overview of STI screening and management in resource-constrained settings.

Tools and Resources: STI Screening and Treatment

Tool 5.6.1 AVAHAN India AIDS Initiative & Family Health International (2007): Clinic Operational Guidelines & Standards: Comprehensive STI services for Sex Workers in Avahan-Supported Clinics in India

Tool 5.6.2 WHO (2005): Sexually transmitted and other reproductive tract infections

Tool 5.6.3 WHO (2003): Guidelines for the Management of Sexually Transmitted Infections

Tool 5.6.4 WHO Regional Office for South-East Asia (2009): Management of common health problems of drug users

Tool 5.6.5 Semaan et al - STD among illicit drug users in the US.pdf

5.7 HIV Care and Treatment

HIV care and treatment for PWUD includes anti-retroviral therapy (ART) for eligible individuals, adherence support, and management of opportunistic infections and co-morbidities, as well as access to primary health care. ART is as effective in PWUD as in other populations, in spite of the view held by many that PWUD are poor candidates for adherence to antiretroviral (ARV) drugs.¹ Provision of ART to drug-using populations is possible, especially if providers are supportive and familiar with the unique health and social needs of PWUD and are trained on interactions between ART and illicit drugs. It is important to tailor ART regimens to each person who uses drugs, taking into consideration underlying medical conditions, side-effects, toxicities, and interactions between pharmacotherapies for drug abuse treatment (e.g., methadone, etc.) and ART.¹ Evidence has shown that adherence to ARVs among PWUD is possible and probable if specific approaches are implemented such as:

- ❖ Facilitating access to HIV care and treatment clinics (e.g. extended hours, mobile clinic)
- ❖ Providing substitution therapy and access to sterile injection equipment on-site with HIV treatment⁴¹

The primary health care needs of HIV-positive PWUD need to be addressed, as there is a higher death rate among HIV-infected persons from non-HIV causes such as pneumonia, liver disease, overdose, and suicide.³⁶ Special considerations need to be made to the particular primary health care needs of PWUD that impact HIV care and treatment, such as endocarditis. It may also be important to address the psycho-social needs of PWUD in particular to cope with the dual stigma of being a drug user and person living with HIV/AIDS. It is important to systematically manage PWUD and are HIV positive by:

1. **Conducting an initial evaluation** in which a complete medical, psychological, and drug-use history are taken;
2. **Providing appropriate diagnosis of drug use disorder**, which includes conducting a thorough assessment of previous and current drug use and treatment;
3. **Evaluating the HIV/AIDS situation**, which is the same evaluation process for non-drug users, including a physical examination, CD4 count, and assessment for co-infections and co-morbidities; and
4. **Providing a treatment plan**, which depends on the individual needs and may include drug treatment, provision of ARVs, treatment/management of co-infections, and psychosocial treatment.⁴³

Unfortunately, even when treatment is available, PWUD often fail to access health care for fear of criminalization and stigmatization.³⁷ In Eastern Europe and Central Asia, only 24% of HIV-positive PWUD access HIV care and treatment.³⁸ To reduce barriers to access and improve coordination of the multiple services needed by PWUD, it is essential to link services. Service linkage connects HIV care and treatment, primary health care, drug treatment, and psycho-social support services, which can be accomplished through a variety of service delivery models described in Chapter 4 (e.g., program collaboration, co-location, and service integration).

In summary, it is important to address the various health issues affecting people who use drugs by providing an integrated service delivery model that links HIV care and treatment, drug treatment, and primary health care. Also, services should be tailored to the unique condition of PWUD to ensure ARV adherence and effective care. The tools and resources below provide detailed information on HIV care and treatment among drug users.

Tools and Resources: HIV Care and Treatment among Drug Users

Tool 5.7.1 Aceijas, Oppenheimer, Stimson, Ashcroft, Matic, and Hickman (2006): Antiretroviral treatment for injecting drug users in developing and transitional countries 1 year before the end of the 'Treating 3 million by 2005. Making it happen. The WHO strategy' ('3by5')

Tool 5.7.2 ASEAN/USAID/WHO/FHI (2007): Treatment and care for HIV-positive Injecting Drug Users

Tool 5.7.3 Ball, Weiler, Beg, and Doupe (2005): Evidence for Action: A critical tool for guiding policies and programmes for HIV prevention, treatment and care among injecting drug users

Tool 5.7.4 Lert and Kazatchkine (2007): Antiretroviral HIV treatment and care for injecting drug users: An evidence-based overview

Tool 5.7.5 NYS DoH AIDS Institute (2009): HIV Clinical Guidelines

Tool 5.7.6 Open Society Institute/International Harm Reduction Development (2004): Breaking Down Barriers: Lessons on Providing HIV Treatment to Injection Drug Users

Tool 5.7.7 WHO (2007): HIV/AIDS Treatment and Care for IDUs: Clinical Protocol for WHO European Region

Tool 5.7.8 WHO (2006): Basic Principles for Treatment and Psychosocial Support of Drug Dependent People Living with HIV/AIDS

Tool 5.7.9 WHO (2006): Treatment of injecting drug users with HIV/AIDS: promoting access and optimizing service delivery

Tool 5.7.10 WHO/UNAIDS/UNODC (2005): Policy Brief: Antiretroviral Therapy and Injecting Drug Users

5.8 Treatment for Drug Use and Dependence

Drug treatment is a crucial component of comprehensive HIV prevention, treatment, and care programs for PWUD. Drug treatment impacts HIV prevention by reducing injection drug use, sharing of injection equipment, HIV-related sexual risk behavior, and increasing adherence to ART.³⁹ The goal of such programs is to enable drug users to reduce, then stop drug use to minimize the psychological, social, physical, and behavioral problems caused by drug use and to prevent relapse.⁴⁰ It is important to note that there is no single model of drug treatment for all drug users. Instead, effective treatment programs focus on the multiple needs of the individual by developing individual-specific treatment plans.

The following should provide basic information on keys steps in assessing and providing treatment for drug use and abuse.

Assessment of Drug Use and Drug Dependence

A crucial, initial step in the care and treatment of a person who uses drugs is the screening of current and past drug use and associated risk behaviors. Numerous tools exist (e.g., WHO Alcohol, Smoking and Substance Involvement Screening Test) to assess drug use and they should be adapted to and validated with the local drug-using population.

Drug Use and Dependence Treatment

Once trained personnel assess drug use and/or dependence, it is important to provide treatment options. Two modalities of treatment exist for drug use and dependence: pharmacotherapy programs and behavioral interventions. Evidence suggests that behavioral interventions, coupled with pharmacotherapy programs, reduce drug use and HIV risk behaviors.⁴⁸ Part of both modalities is ensuring activities exist to cope with drug withdrawal, develop skills to decrease and, if possible, eliminate drug use and HIV/STI risk behaviors, promote life skills for healthier living and develop skills to prevent, and cope with relapse.⁴¹

I: Pharmacotherapy Programs

The first treatment modality is pharmacotherapy, in which medically supervised prescription drugs are administered to opioid drug users that either mimic or block the effect of the opioid.

Agonist pharmacotherapy programs provide prescription drugs that mimic the effects of the drug being abused.⁵⁰ Agonist drugs are used for detoxification and during long-term drug dependence treatment programs. Agonist drugs currently used for drug treatment include methadone and buprenorphine/suboxone.

1. *Detoxification:* Agonist medications are used to suppress withdrawal symptoms during detoxification. Medication is provided over a short period of time with the goal of eliminating all drugs from the individual's body prior to beginning a behavioral drug treatment program. Note though, that detoxification is not treatment itself, but the first component of the treatment process. Research has shown that patients who only receive medically assisted detoxification during their withdrawal and do not continue with other components of therapy (i.e., behavioral interventions), eventually relapse and return to similar patterns of drug abuse as those who were never treated or participated in detoxification.⁴²
2. *Substitution or maintenance programs:* Agonist medications are provided in higher doses for longer periods of time (6 months or more), allowing the individual time to reduce their risk behaviors and stabilize themselves in health and social terms before facing withdrawal symptoms.⁴³ Substitution/maintenance programs are associated with significant decrease in injection drug use and sharing injection equipment as well as associated with a decrease in the number of sexual partners, exchanges of sex for drugs or money, and increased compliance with ARTs.⁵³

Antagonist pharmacotherapy programs provide prescription drugs that block the desired effect of the opioid. Presently, the only antagonist available is naltrexone, which provides low levels of side effects but the uptake and retention of this treatment by people who use drugs has been poor.⁵³ Patients who are highly motivated and have supportive social environments are most likely to benefit from naltrexone treatment and remain drug-free.⁵¹

II: Behavioural Interventions to Reduce Drug Use and Related HIV/STI Risk Behaviors

Behavioural interventions aim to decrease drug use and associated health risk by working with the drug user to change his/her behaviour through manageable, incremental changes. Behavioural interventions include a variety of approaches such as counselling, behavioural therapy, brief behavioural interventions/brief motivational interviewing, self-help programs (i.e., alcoholics anonymous and narcotics anonymous), residential/therapeutic community programs, and abstinence-based programs. These interventions include activities to support lifestyle adjustments, such as reducing drug and alcohol use and HIV/STI risk behaviours and enhancing skills to reduce relapse.⁶⁴ Behavioural interventions can be delivered through HIV prevention

activities/outreach in health care settings or in dedicated outpatient or residential drug treatment facilities.

Further information on drug use and dependence treatment is provided in the tools and resources below.

Tools and Resources: *Treatment for Drug Use and Dependence*

Tool 5.8.1 Center for Strategic and International Studies (2008): Combating the Twin Epidemics of HIV/AIDS and Drug Addiction

Tool 5.8.2 Chawarski, Barry, Mazlan, and Schottenfeld (2006): Behavioral Drug and HIV Risk Counseling for Opioid Dependent Individuals

Tool 5.8.3 Drug Policy Alliance (2003): About Methadone

Tool 5.8.4 Farrell, Gowing, Marsden, Ling, and Ali (2005): Effectiveness of drug dependence treatment in HIV prevention

Tool 5.8.5 Mattick, Kimber, J, Breen & Davoli (2003): Buprenorphine maintenance versus placebo for methadone maintenance for opioid dependence.

Tool 5.8.6 NIDA (2009): Principles of Drug Addiction Treatment: A Research-Based Guide

Tool 5.8.7 NIDA (2009): Treatment Approaches for Drug Addition

Tool 5.8.8 NIDA (2006): Methadone Research Web Guide

Tool 5.8.9 NYODH AIDS Institute (2009): HIV Clinical Guidelines: Substance Use Treatment Modalities for HIV-infected Persons

Tool 5.8.10 NYODH AIDS Insitute (2007): HIV Clinical Guidelines: Screening and Ongoing Assessment for Substance Use

Tool 5.8.11 SAMHSA (2010): Treatment Improvement Protocol

Tool 5.8.12 SAMHSA (2007): Buprenorphine: A Guide for Pharmacists

Tool 5.8.13 UNODC (2009): Principles of Drug Dependence Treatment, Discussion paper.

Tool 5.8.14 UNODC (2004): Substance abuse treatment and care for women: Case studies and lessons learned

Tool 5.8.15 UNODC (2003): Drug Abuse Treatment and Rehabilitation: A Practical Planning and Implementation Guide

Tool 5.8.16 WHO (2009): Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence

Tool 5.8.17WHO (2005): Evidence for Action: Effectiveness of Drug Dependence Treatment in Preventing HIV among Injection Drug Users

Tool 5.8.18 WHO (2004): Policy Brief: Reduction of HIV Transmission through Drug-Dependence Treatment

Tool 5.8.19 WHO (2004): The Practices and Context of Pharmacotherapy of Opiod Dependence in Central and Eastern Europe

Tool 5.8.20 WHO (2003): The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care, *Draft*

Tool 5.8.21 WHO (2003): Brief Intervention for Substance Use: A Manual for use in Primary Care, *Draft*

Tool 5.8.22 WHO (2003): Self-Help Strategies for Cutting Down or Stopping Substance Use: A Guide, *Draft*

Tool 5.8.23 WHO/UNODC/UNAIDS (2004): Substitution maintenance therapy in the management of opiod dependence and HIV/AIDS prevention

5.9 Prevention, Diagnosis and Treatment of Tuberculosis

Tuberculosis (TB) is a contagious, bacterial disease caused by *Mycobacterium tuberculosis* transmitted through airborne, infectious particles from person-to-person. A person can be infected with TB (latent TB) without developing TB disease (active TB), a state in which one or more organs of the body become diseased. The progression of latent TB to TB disease (active TB) is most likely during the first year of TB infection and in individuals who are HIV positive due to a weakened immune system. HIV-positive individuals who are infected with TB have a 5–10% annual risk of progressing to TB disease as opposed to TB-infected, HIV-negative individuals who have a 5–10% lifetime risk of progressing to TB disease.⁴⁴ Tuberculosis is a leading cause of mortality among HIV-positive people who inject drugs.⁴⁵

However, injection drug use is associated with increased rates of TB infection and disease, regardless of HIV status. PWUD experience other numerous other risk factors for TB disease such as incarceration, poor living conditions, and poverty.⁵⁵

The World Health Organization developed a set of recommendations for TB control in PWUD, which includes:

- TB prevention through the implementation of an infection control plan and simple measures to reduce TB transmission (i.e. natural ventilation, air cleaners, etc), separating people suspected of having TB, diagnosing and starting TB treatment quickly
- Implementation of HIV prevention interventions for PWUD (community outreach, access to and safe disposal of injection equipment, risk reduction counseling, etc)
- Intensified case-finding, diagnosis of TB and testing for HIV to identify/manage TB and HIV early which can reduce transmission and improve health outcomes
- TB treatment through provision of direct observed therapy (DOTS)
- HIV care and treatment for HIV positive PWUD
- Identification of drug use and referral to treatment programs⁵⁵

The following tools and resources provide in-depth discussions of TB prevention, diagnosis, and treatment among PWUD.

[Tools and Resources: Prevention, Diagnosis and Treatment of TB](#)

Tool 5.9.1 WHO (2008): Evidence for Actions: Policy Guidelines for Collaborative TB and HIV Services for Injecting and Other Drug Users: An Integrated Approach

Tool 5.9.2 WHO (2008): Policy Brief: Policy Guidelines for Collaborative TB and HIV Services for Injecting and Other Drug Users

Tool 5.9.3 WHO (2004): TB/HIV: A Clinical Manual

5.10 Vaccination, Diagnosis, and Treatment of Viral Hepatitis

PWUD are at increased risk for other blood-borne pathogens, such as viral hepatitis, due to sharing of injection equipment and higher frequency of unprotected sex. Viral hepatitis is an inflammation of the liver caused by Hepatitis A, B, C, D, and E viruses. Among PWUD, Hepatitis B and C are most common.¹

Hepatitis B Virus (HBV) can be transmitted from mother to child during labor and delivery, through unsafe injection practices, sharing of contaminated drugs, needles, or other injecting equipment, blood transfusions, and unprotected sex.⁴⁶ HBV is transmitted by the same route as HIV but is 50 to 100 times more infectious and can survive outside the body for at least 7 days and still cause infection.⁵⁶ Hepatitis C Virus (HCV) is primarily transmitted through contact with the blood of an infected person, which includes blood transfusions with infected blood, sharing of contaminated injection equipment, through accidental needle sticks or sharps exposure, and to a lesser extent, through unprotected sex and from infected mother to child.⁵⁶ People who use drugs are at increased risk for HBV and HCV given the frequency of unsafe injecting practices and unprotected sex.

HBV and HCV can be both acute and chronic. Acute Hepatitis is a short-term illness that occurs within the first 6 months of exposure to the virus. Chronic Hepatitis occurs in some but not all exposed individuals and can lead to liver cirrhosis and liver cancer.¹

Hepatitis B can be prevented by vaccination. According to the WHO, PWID who are not infected with HBV should be vaccinated with the Hepatitis B vaccine.⁵⁶ Vaccination against HBV is 95% effective in preventing HBV and its chronic consequences. For persons with acute HBV there is no specific treatment, but persons with chronic HBV can be treated with drugs including interferon and antiviral agents. Currently, there is no vaccination for Hepatitis C. According to CDC, individuals with acute HCV can be provided with antivirals and supportive treatment and individuals with chronic HCV should be monitored regularly for signs of liver disease and may be treated with antivirals.⁴⁷

Special attention needs to be paid to HIV-positive PWUD who are co-infected with HBV and/or HCV to ensure treatment of both viral hepatitis and HIV are effective and appropriate for the individual.

The following tools and references provide in-depth discussion of the Hepatitis B and C among PWUD.

[Tools and Resources: Vaccination, Diagnosis and Treatment of Viral Hepatitis](#)

Tool 5.10.1 AED/CDC (2002): Viral Hepatitis and Injection Drug Users

Tool 5.10.2 IOM (2010): Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C

Tool 5.10.3 New York Department of Health AIDS Institute (2009): HIV and Substance Use Clinical Guidelines: Aspects of Primary Care for the HIV-Infected Substance User

Tool 5.10.4 WHO/SERO (2009): Management of common health problems of drug users

CHAPTER 6: IMPLEMENTING HIV INTERVENTIONS AMONG INCARCERATED PEOPLE WHO USE DRUGS

Globally, there are more than 9.8 million people incarcerated (145 per 100,000).⁴⁸ In most countries, prevalence of HIV infection among this population is much higher than in non-incarcerated populations as shown below.⁴⁹

Country	HIV prevalence (% adults 15–49)	Prison Population (in thousands)	HIV prevalence among prisoners (% and year)
Cote d'Ivoire	7	10,355	28 (1993)
Senegal	0.9	22,271	2.7 (1997)
Burkina Faso	2	2,800	11 (1999)
Nigeria	4	40,444	9 (2004)
Cameroon	5.4	20,000	12 (2005)
Rwanda	3	112,000	13 (1993)
Tanzania	6.5	46,410	5.6 (1995)
Uganda	6.7	21,900	8 (2002)
South Africa	18.8	186,739	45 (2006)
Malawi	14	8,769	75 (N/A)
Zambia	17	13,200	27 (1999)

Most incarcerated persons contract HIV outside of prisons and other closed settings by engaging in high-risk activities that are criminalized such as injection drug use. Transmission of HIV within incarcerated settings occurs primarily through unsafe (e.g., sharing and improper cleaning) injecting practices, unsafe sex (e.g., unprotected anal sex and sexual violence), and to a lesser extent, unsafe tattooing/body piercing.⁵⁰ To reduce the harm from unsafe drug and sex-related risk behaviors, interventions need to be implemented in closed settings to reduce transmission and acquisition of HIV and other blood-borne pathogens.⁶⁰

To address drug use, especially injection drug use during incarceration, a comprehensive HIV/AIDS program needs to be considered, which includes:

1. **HIV/AIDS education**
2. **HIV testing and counseling** that is easily accessible and confidential.
3. **Prevention of sexual transmission** including distribution of condoms and water-based lubricants and post-exposure prophylaxis for victims of sexual violence.
4. **STI screening and management** through regular screening and treatment coupled with presumptive treatment when needed.
5. **Access to and Safe Disposal of Injection Equipment** including access to sterile injecting equipment, education, and supplies to decontaminate and/or dispose of used injecting equipment.
6. **Measures to reduce demand for and supply of drugs in prisons** including monitoring drug use through urinalysis and creating “drug-free” environments to discourage drug use.
7. **HIV care and treatment** equivalent to services outside incarceration settings and continuity of care when the prisoner returns to the community.
8. **Drug treatment** that combines pharmacotherapy and behavioral interventions that continues outside of incarceration.⁶⁰

PWUD should be linked to HIV and drug treatment services upon release from incarceration. This ensures continuity of care for incarcerated populations as they reintegrate back into society.

Further information on drug use and HIV in prisons is provided in the tools and resources listed below.

Tools and Resources: *Implementing HIV Interventions among Incarcerated People who use Drugs*

Tool 6.1 Canadian HIV/AIDS Legal Network (2006): Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience

Tool 6.2 SAMHSA (2005): Treatment Improvement Protocol 44: Substance Abuse Treatment for Adults in Criminal Justice System

Tool 6.3 SAMHSA (2002): Substance Abuse Treatment for Women Offenders: Guide to Promising Practices

Tool 6.4 UNODC (2007): HIV/AIDS in places of detention: A toolkit for policy makers, managers, and staff

Tool 6.5 UNODC (2007): Preventing Drug Use and HIV among Incarcerated Substance Users: Module for Prison Intervention

Tool 6.6 UNODC (2006): HIV/AIDS Prevention, Care, Treatment, and Support in Prison Settings

Tool 6.7 UNODC/UNAIDS (2008): Women and HIV in Prison Settings

Tool 6.8 UNODC, UNAIDS, World Bank (2007): HIV and Prisons in sub-Saharan Africa: Opportunities for Action

Tool 6.9 WHO (2007): Effectiveness of interventions to address HIV in prisons

Tool 6.10 WHO (2007): Interventions to Address HIV in Prisons: Drug Dependence Treatments

Tool 6.11 WHO (2007): Interventions to Address HIV in Prisons: HIV Care, Treatment and Support

Tool 6.12 WHO (2007) Interventions to Address HIV in Prisons: Needle and Syringe Exchange Programmes and Decontamination Strategies

Tool 6.13 WHO (2007) Interventions to Address HIV in Prisons: Prevention of Sexual Transmission

Tool 6.14 WHO (2007): Inside Out: HIV Harm Reduction Education for Closed Settings

Tool 6.15 WHO (2004): Policy Brief: Reduction of HIV Transmission in Prisons

Tool 6.16 Williams and Kahn (2007): Looking Inside and Affecting the Outside: Corrections-Based Interventions for STD Prevention

CHAPTER 7: MONITORING AND EVALUATING HIV INTERVENTIONS AMONG PEOPLE WHO USE DRUGS

Monitoring and evaluating (M&E) interventions is critical in understanding the benefits and barriers of HIV prevention among drug-using populations. The information from M&E programs also assists in advocacy, highlights key issues, and provides stakeholder and donors information on their investment. Monitoring and evaluation is used to answer the following questions:

1. Are we doing the right thing?
2. Are we doing it right?
3. Are we doing it on a large enough scale?⁵⁸

Effective M&E of a program/project starts with the setting of specific goals, objectives, strategies, and measurable targets with clear timelines for their achievement during program planning. Clear targets form a benchmark against which to measure performance and are used to inform program planning and modifications. Monitoring is the routine collection of data to assess the progress of the program and evaluation measures how well the program achieves their objective. M&E includes process monitoring and evaluation, measuring uptake, and coverage and outcome evaluation.

Process monitoring and evaluation

Process monitoring (i.e., monitoring) occurs from the inception of the program with routine data collection to assess the services being offered and activities conducted (e.g., number of products distributed and number of outreach events carried out) throughout the life of the program.⁶¹ Routinely collected data needs to be analyzed regularly to provide current information on the progress of the program and feedback to the program staff who will institute any adaptations needed to the program based on the data. Process monitoring should be integrated into the routine function of program management.⁶¹

Process evaluation (output evaluation) occurs once the activities are implemented and is used to determine whether the activities are being implemented correctly and efficiently. Process evaluation addresses two questions:

1. To what extent are planned intervention activities actually realized?
2. What services are provided, to whom, when, how often, for how long, and in what context?⁶¹

Process evaluation often occurs in strategic intervals during the program to provide descriptive data. If the program is not achieving the desired results, utilizing process evaluation allows managers and stakeholders to change the direction of the program to more effectively meet the objectives. To determine program implementation quality, process evaluation may utilize a variety of data collection activities, such as client and staff interviews, observation, facility audits, interviews with complementary service providers, and focus group interviews.⁶¹

Uptake and Coverage

Uptake measures the amount of, and degree to which, the program services are used. Coverage measures whether the program is targeting the appropriate areas and is reaching the target population. Coverage answers the following questions:

1. Are services available for people who use drugs in the areas where this population is concentrated?
2. Are sufficient numbers of the targeted population actually receiving services?⁶¹

Coverage is determined by the proportion of the target population reached with services. To effectively measure coverage, program staff will need to map locations where drug use occurs and PWUD congregate as well as determine the size of the population in a defined area. Once the size and location of PWUD is identified, services should be implemented. It is not only important to saturate an area with services (coverage) but it is equally important that PWUD use the services (uptake). This will provide information on the program's ability to reach and be accepted by the target population.⁶¹

Outcome Evaluation

Outcome evaluation occurs periodically throughout the program to determine whether, and by how much, program activities achieve their intended effects on the target population. Outcome evaluation answers two key questions:

1. Does the program result in the desired outcomes within the target population?
2. Are these outcomes attributable to the program?⁶¹

By answering these questions, the evaluation shows the outcomes that are attributable to the intervention and if the intervention was successful in meeting the program objectives.

Listed below are examples of possible indicators for HIV prevention programs among PWUD.^{59–61}

Selected Monitoring and Evaluation Indicators: Drug Use and HIV/AIDS			
Indicator Label	Source	Type	Level
Percentage of drug users who are HIV infected	UNGASS	Impact	National
COMMUNITY OUTREACH			
Number of drug users reached through community outreach programs	UNGASS	Monitoring	Program
Number of referrals made (HTC, STI, HIV, and drug treatment, etc.)	UNGASS	Monitoring	Program
CONDOM USE			
Percentage of IDUs reporting the use of condom at last sex act	UNGASS	Outcome	National
Number of condoms or lubricants distributed	UNGASS	Monitoring	Program
Percentage of DUs (injecting and non-injecting, by sex) using condoms the last time they had sex for money or drugs	CDC	Outcome	National
KNOWLEDGE/BEHAVIOR CHANGE			
Percentage of DUs who both correctly identify ways of preventing the sexual transmission of HIV and who reject major HIV misconceptions	UNGASS	Outcome	National
Percent of IDUs reached by IEC	WHO	Coverage	Program
Number of IDUs reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required	PEPFAR	Mentoring	Program
HIV TESTING AND COUNSELING			
Percentage of DUs who received an HIV test in the last 12 months and know their status	UNGASS	Coverage	National
Number of HIV+ IDUs unaware of HIV status reduced	WHO	Outcome	National
Number of sites with VCT for IDUs	WHO	Monitoring	Program
Number of DUs tested for HIV	UNGASS	Monitoring	Program
SAFE INJECTING PRACTICES			
Percentage of IDUs reporting the use of sterile injection equipment the last time they injected	UNGASS	Outcome	National
Percentage of IDUs reached by NSE programs	WHO	Coverage	National
Number of syringes distributed per IDU	WHO	Monitoring	Program
STI PREVENTION AND TREATMENT FOR DRUGS USERS			
Percentage of IDUs screened and treated for STIs	WHO	Coverage	National
Reduction in numbers of STIs in IDUs	WHO	Impact	National
ANTIRETROVIRAL THERAPY (ART)			
Percentage of IDUs receiving ART	WHO	Coverage	National
Decreased mortality, AIDS cases, and HIV incidence in IDUs	WHO	Impact	National
DRUG TREATMENT			
Number of IDUs on opioid substitution therapy	PEPFAR	Monitoring	National
Percentage of IDUs on opioid substitution therapy	WHO/PEPFAR	Coverage	National
Number of opioid substitution therapy sites	WHO	Monitoring	Program
Percentage of IDUs in other drug treatment programs	WHO	Coverage	National
Reduction in frequency of injections among IDUs	WHO	Outcome	National

The following documents provide detailed information on measuring progress in HIV prevention among most-at-risk populations which include drug users.

[Tools and Resources: Measuring Progress and Evaluating HIV Interventions among Drug-Using Populations](#)

Tool 7.1 CDC (2004): Monitoring & Evaluation Capacity Building for Program Improvement Field Guide

Tool 7.2 UNAIDS (2007): A Framework for Monitoring and Evaluating HIV Prevention Programmes for Most-At-Risk Populations

Tool 7.3 WHO/UNAIDS (2004): Guidelines for Effective Use of Data from Surveillance Systems

Tool 7.4 WHO/UNODC/UNAIDS (2008): Technical Guide for Countries to set Targets for Universal Access to HIV Prevention, Treatment, and Care for Injecting Drug Users (IDUs)

CHAPTER 8: ADVOCACY AND POLICY FOR HIV INTERVENTIONS AMONG PEOPLE WHO USE DRUGS

Specific policies should be developed at varying levels (community, state, and national) to provide guidance on HIV/AIDS prevention, care and treatment for PWUD. HIV and drug use policy needs to be developed in conjunction with continuous advocacy efforts to ensure decision makers are effectively and appropriately targeting policies and programs towards drug-using populations. Both advocacy and policy efforts should include PWUD in the planning and implementation of activities. Policy development should be focused on decreasing the HIV/AIDS burden among PWUD and may include the following:

- ❖ Developing and implementing comprehensive and multi-component HIV programs;
- ❖ Targeting HIV prevention activities specifically towards PWUD;
- ❖ Integration of HIV prevention and care;
- ❖ Creating an enabling environment;
- ❖ Integrating major policies and strategies (e.g., HIV/AIDS strategy with drug strategy);
- ❖ Assessing the environmental and structural context of drug use (e.g., poverty and unemployment); and
- ❖ Creating links between drug treatment and HIV treatment.⁶¹

It is crucial that the policy environment within a country or region enable drug users to access health care. To create these policies, it is important to integrate prevention and care initiatives, provide comprehensive health education, change and/or amend drug laws, and lobby for national and political support.⁶⁴

Advocacy efforts should aim to protect the human and legal rights of drug users, reduce stigma and discrimination, and provide HIV/AIDS services to this population.⁵¹ Advocacy usually begins with a concerned group of citizens who develop proposals and build support to change current practices such as decreasing barriers for PWUD to access health care. Advocacy efforts should promote:

- ❖ Protection of the human rights of PWUD
- ❖ Early implementation of HIV prevention programs
- ❖ Evidence-based, comprehensive package of services with regular assessment and improvement as needed
- ❖ Universal coverage of services for both PWUD and PWID⁶⁵

It is important that stakeholders and target population members are involved in both advocacy and policy development and implementation to ensure success.

The following documents discuss in greater detail the principles, strategies, and components of advocacy and policy development for HIV/AIDS programs targeted towards PWUD.

[Tools and Resources: HIV Prevention among Drug-Using Populations Advocacy and Policy](#)

Tool 8.1 UNAIDS (2006): International Guidelines on HIV/AIDS and Human Rights

Tool 8.2 WHO (2004): Policy and Programming Guide for HIV/AIDS Prevention and Care among Drug Users

Tool 8.3 WHO/UNAIDS/UNODC (2006): Advocacy Guide: HIV/AIDS Prevention among IDUs

APPENDICES

Appendix 1: Annotated List of Tools and Resources

Appendix 2: Additional Web Resources

APPENDIX 1: ANNOTATED LIST OF TOOLS

CHAPTER 2: BACKGROUND AND OVERVIEW OF DRUG USE AND HIV

Tool 2.1	
<i>Title</i>	Global overview of injecting drug use and HIV infection among injecting drug users
<i>Author / Institution</i>	Carmen Aceijas, Gerry V. Stimson, Matthew Hickman, and Tim Rhodes, 2004
<i>Description</i>	This article provides global estimates of the prevalence of injection drug use and HIV prevalence among IDU, especially providing estimates for developing and transitional countries.
<i>Link to Tool</i>	http://www.ncbi.nlm.nih.gov/pubmed/15577542
<i>Source / Contact</i>	Acejias, C., Stimson, G. V., Hickman, M., & Rhodes, T. (2004). Global overview of injecting drug use and HIV infection among injecting drug users. <i>AIDS</i> , 18(17), 2295–2303.

Tool 2.2	
<i>Title</i>	Drug Use and HIV Curriculum
<i>Author / Institution</i>	Centers for Disease Control and Prevention, 2007
<i>Description</i>	This curriculum provides an overview of HIV, IDU/NIDU, and the relationship between HIV and drug use.
<i>Link to Tool</i>	N/A
<i>Source / Contact</i>	Karen Kroeger, PhD Global AIDS Program, NCHHSTP, Centers for Disease Control and Prevention 1600 Clifton Road, MS – E-04, Atlanta, GA 30333 Tel: 404-639-4488; Fax: 404-639-8114 Email: Knk2@cdc.gov Web site: www.cdc.gov

Tool 2.3	
<i>Title</i>	Preventing HIV Infection among Injecting Drug Users in High Risk Countries: An Assessment of the Evidence
<i>Author / Institution</i>	Institute of Medicine, 2007
<i>Description</i>	This document provides a current assessment of evidence on HIV prevention amongst IDUs.
<i>Link to Tool</i>	http://www.nap.edu/catalog/11731.html
<i>Source / Contact</i>	National Academies Press 500 Fifth Street, N.W., Lockbox 285, Washington, DC 20055 Tel: +1 800 624 6242 Web site: www.iom.edu

Tool 2.4	
<i>Title</i>	Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review
<i>Author / Institution</i>	Bradley M. Mathers, Louisa Degenhardt, Benjamin Phillips, Lucas Wiessing, Matthew Hickman, Steffanie A. Strathdee, Alex Wodak, Samiran Panda, Mark Tyndall, Abdalla Toufik, and Richard P. Mattick, 2008
<i>Description</i>	This article aims to systematically search and critique the peer-reviewed and non-peer-reviewed (grey) literature reporting data on the epidemiology of injecting drug use, provide country-specific estimates derived from the reviewed literature, and produce regional and global estimates of the number of people who inject drugs and who may be living with HIV/AIDS.
<i>Link to Tool</i>	http://www.who.int/hiv/topics/idu/LancetArticleIDUHIV.pdf
<i>Source / Contact</i>	Mathers, B., Degenhardt, L., Phillips, B., Wiessing, L., Hickman, M., Strathdee, S. A.,...Mattick, R. P. (2008). Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. <i>Lancet</i> , 372, 1733–1745.

Tool 2.5	
<i>Title</i>	Special Issue Substance Abuse and HIV/AIDS in sub-Saharan Africa
<i>Author / Institution</i>	African Journal of Drug and Alcohol Studies, 2006
<i>Description</i>	The papers in this special issue of the journal discuss the links between substance abuse and HIV infection based on research conducted in seven countries, Kenya, Mauritius, Nigeria, Rwanda, South Africa, Tanzania, and Zambia.
<i>Link to Tool</i>	http://www.sahealthinfo.org/admodule/journal52006.htm
<i>Source / Contact</i>	African Journal of Drug and Alcohol Studies CRISA, 10 Sandview Ct., Baltimore, MD 21209 Tel: +1 410 602 1614 E-mail: isobot@hotmail.com

Tool 2.6	
<i>Title</i>	World Drug Report
<i>Author / Institution</i>	United Nations Office on Drugs and Crime, 2008
<i>Description</i>	The World Drug Report presents the most comprehensive, statistical view of the present illicit drug situation, discusses methods to better assess and monitor drug use, and the role played by organized crime in drug trafficking.
<i>Link to Tool</i>	http://www.unodc.org/documents/wdr/WDR_2008/WDR_2008_eng_web.pdf
<i>Source / Contact</i>	United Nations Publications Sales Office and Bookshop CH-1211, Geneva 10, Switzerland Tel: 41 (22) 917-2614; Fax: 41 (22) 917-0027 E-mail: unpubh@unog.ch

CHAPTER 3: ASSESSING THE HIV/AIDS EPIDEMIC AMONG DRUG USERS

Tool 3.1	
<i>Title</i>	International Rapid Assessment Response and Evaluation (I-RARE) Methods Training for Field Teams: Using Rapid Assessment Methodologies and Qualitative Analysis Techniques to Understand and Respond to the HIV Epidemic in Drug-Using Populations and Analysis Training Curriculum for Data Analysis Teams: Using Rapid Assessment Methodologies and Qualitative Analysis Techniques to Understand and Respond to the HIV Epidemic in Drug-Using Populations
<i>Author / Institution</i>	Centers for Disease Control and Prevention, 2007
<i>Description</i>	This document provides instruction on the methodology of and implementing I-RARE.
<i>Link to Tool</i>	N/A
<i>Source / Contact</i>	Karen Kroeger, PhD Division of STD Prevention, NCHHSTP, Centers for Disease Control and Prevention 1600 Clifton Road, MS – E-04, Atlanta, GA 30333 Tel: 404-639-4488; Fax: 404-639-8114 Email: Knk2@cdc.gov Web site: www.cdc.gov

Tool 3.2	
<i>Title</i>	Special Issue on Respondent Driven Sampling
<i>Author / Institution</i>	Journal of Urban Health Supplement (Ed. Abu Abdul-Quader, Douglas Heckathorn, Keith Saban, and Tobi Saidel), 2006
<i>Description</i>	To provide evidence for the progress of RDS in targeting hard to reach populations, issues with implementing RDS, and discussion the integration of RDS sampling into routine surveillance and intervention research.
<i>Link to Tool</i>	www.springeronline.com
<i>Source / Contact</i>	Journal of Urban Health, Office of Publication 233 Spring Street, New York, NY 10013 Tel: +1 212 460 1500 Email: journals-ny@springer.com

Tool 3.3	
<i>Title</i>	Methods for assessing HIV and HIV risk among IDUs and for evaluating interventions
<i>Author / Institution</i>	Gerry V. Stimson, Matthew Hickman, Tim Rhodes, Francisco Bastos, and Tobi Saidel, 2005
<i>Description</i>	This article describes three levels of assessment, basic assessment in situations with low awareness and information, routine surveillance, and enhanced surveillance to assess the HIV and HIV risk among IDUs.
<i>Link to Tool</i>	http://linkinghub.elsevier.com/retrieve/pii/S0955395905000836
<i>Source / Contact</i>	Stimson, G. V., Hickman, M., Rhodes, T., Bastos, F., & Saidel, T. (2005). Methods for assessing HIV and HIV risk among IDUs and for evaluating interventions. <i>International Journal of Drug Policy</i> , 16S, S7–S20.

Tool 3.4	
<i>Title</i>	Guidelines on Estimating the Size of Populations Most at Risk to HIV
<i>Author / Institution</i>	United Nations Joint Commission on HIV/AIDS and World Health Organization Working Group On Global HIV/AIDS and STI Surveillance, 2010
<i>Description</i>	This document provides guidance on establishing the size of populations most-at-risk to HIV to measure and understand these populations.
<i>Link to Tool</i>	http://www.who.int/hiv/pub/surveillance/final_estimating_populations_en.pdf
<i>Source / Contact</i>	UNAIDS Information Centre 20 Avenue Appia, 1211 Geneva 27 Switzerland Tel: +41 22 791 36 66; Fax: +41 22 791 48 35 E-mail: distribution@unaids.org Web site: www.unaids.org

Tool 3.5	
<i>Title</i>	Estimating the Size of Populations at Risk for HIV
<i>Author / Institution</i>	United Nations Joint Programme on HIV/AIDS, IMPACT, and Family Health International, 2003
<i>Description</i>	This document provides guidelines for estimating the size of subpopulations where risk behaviors are causing the HIV epidemic; (Latin American, Eastern Europe, and Asia specifically mentioned) and presents methods and issues for measuring these populations.
<i>Link to Tool</i>	http://www.fhi.org/en/HIVAIDS/pub/guide/popsizcontent.htm
<i>Source / Contact</i>	Publications Coordinator Family Health International P.O. Box 13950, Research Triangle Park, NC 27709 USA. Tel: +1 919 544 7040; Fax: +1 919 544 7261

Tool 3.6	
<i>Title</i>	Rapid Assessment of Alcohol and Other Substance Use in Conflict-affected and Displaced Populations: A Field Guide
<i>Author / Institution</i>	United Nations High Commission on Refugees, 2008
<i>Description</i>	This guide provides operational guidance to agencies working with conflict-affected and displaced populations in recognizing and assessing the public health and social impact associated with alcohol and other substance use.
<i>Link to Tool</i>	www.who.int/mental_health/emergencies/unhcr_alc_rapid_assessment.pdf
<i>Source / Contact</i>	United Nations High Commissioner for Refugees Public Health and HIV Section CP 2500, 1202 Geneva, Switzerland Tel: +1 41 22 739 8111 Email: hivaid@unhcr.org Web site: http://www.unhcr.org/hivaid

Tool 3.7	
<i>Title</i>	Developing an Integrated Drug Information System: Global Assessment Programme on Drug Abuse
<i>Author / Institution</i>	United Nations Office on Drug and Crime, 2003
<i>Description</i>	This series of eight modules assists Member States in developing capacity to monitor patterns and trends in drug abuse and reducing negative health and social consequences of drug abuse.
<i>Link to Tool</i>	http://www.unodc.org/documents/GAP/GAP%20toolkit%20module%201%20final%20ENGLISH_E-book.pdf
<i>Source / Contact</i>	United Nations Publications, Sales Office and Bookshop CH-1211, Geneva 10, Switzerland Tel: 41 (22) 917-2614; Fax: 41 (22) 917-0027 Web site: www.unodc.org

Tool 3.8	
<i>Title</i>	Rapid Assessment and Response Guide on Psychoactive Substance Use and Sexual Risk Behaviour
<i>Author / Institution</i>	World Health Organization, 2003
<i>Description</i>	This guide describes how to use RAR to both profile local substance use and sexual risk behavior and to identify appropriate intervention responses in time and resource constrained settings.
<i>Link to Tool</i>	http://www.who.int/substance_abuse/publications/epidemiology/en/index.html
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 731 4857 Email: bookorders@who.int Web site: http://www.who.int/en/

Tool 3.9	
<i>Title</i>	Rapid Assessment and Response Guide on Injection Drug Use (IDU-RAR)
<i>Author / Institution</i>	World Health Organization, 1998
<i>Description</i>	This document provides a guide on conducting a rapid assessment and response to facilitate the reduction of adverse health consequences of injection drug use.
<i>Link to Tool</i>	https://www.unodc.org/documents/hiv-aids/IDU%20rapid%20ass.%20and%20resp.%20guide.pdf
<i>Source / Contact</i>	The Centre for Research on Drugs and Health Behaviour, 200 Seagrave Road, London, SW6 1RQ, United Kingdom Tel: +44 181 846 6557; Fax: +44 181 846 6505 Email g.stimson@ic.ac.uk Web site: http://www.who.int/en/

CHAPTER 4: PLANNING HIV PREVENTION INTERVENTIONS AND PROGRAMS AND PROGRAMS FOR PEOPLE WHO USE DRUGS

Tool 4.1	
<i>Title</i>	A Comprehensive Approach: Preventing Blood-Borne Infections among Injection Drug Users
<i>Author / Institution</i>	Academy for Educational Development/Centers for Disease Control and Prevention, 2000
<i>Description</i>	This technical assistance guide describes eight complementary strategies that detail the need for, and describe the characteristics of, this comprehensive approach for preventing HIV and other blood-borne infection among IDUs.
<i>Link to Tool</i>	http://www.cdc.gov/idu/pubs/ca/comprehensive-approach.pdf
<i>Source / Contact</i>	Centers for Disease Control and Prevention 1600 Clifton Road, MS – E-04, Atlanta, GA 30333 CDC Tel: +1 404 639 5230; AED Tel: +1 202 884 8952. Web site: http://www.cdc.gov/idu

Tool 4.2	
<i>Title</i>	Manual for Reducing Drug Related Harm in Asia
<i>Author / Institution</i>	Center for Harm Reduction, 2003
<i>Description</i>	This manual contains the accumulated experience of over a decade of attempts to change policy and implement programs for harm reduction in Asia and provides guidance for advocacy and design of programs to reduce HIV-related harm among drug users in Asia.
<i>Link to Tool</i>	www.who.int/hiv/topics/harm/manual2003.pdf
<i>Source / Contact</i>	The Centre for Harm Reduction The Macfarlane Burnet Institute for Medical Research & Public Health Ltd. Commercial Road, Melbourne Victoria, 3004, Australia P.O. Box 2284, Melbourne Vic, 3001, Australia Tel: +161 3 9282 2169; Fax: +61 3 9482 3123 Email: crofts@burnet.edu.au Web site: http://www.burnet.edu.au/home

Tool 4.3	
<i>Title</i>	HIV/AIDS Prevention and Care in Resource-Constrained Settings: A Handbook for the Design and Management of Programs
<i>Author / Institution</i>	Family Health International, 2001
<i>Description</i>	This handbook guides programs in developing effective HIV/AIDS programs in resource-constrained settings.
<i>Link to Tool</i>	http://www.fhi.org/en/HIVAIDS/pub/guide/HIVAIDSPreventionCare.htm
<i>Source / Contact</i>	Family Health International, FHI AIDS Institute 2101 Wilson Boulevard, Arlington, VA 22201 Tel: +1 703 516 9779; Fax: +1 703 516 9781 Web site: http://www.fhi.org

Tool 4.4	
<i>Title</i>	Targeted Interventions under NACP III: Operational Guidelines
<i>Author / Institution</i>	National AIDS Control Organization: Government of India, 2007
<i>Description</i>	These guidelines describe the operational details of targeted intervention projects with various core, high-risk groups (female sex workers, men who have sex with men, transgenders, and injecting drug users) as well as discuss issues related to program management, human resources, infrastructure, linkages, and monitoring and evaluation.
<i>Link to Tool</i>	http://www.nacoonline.org/Quick_Links/Publication/
<i>Source / Contact</i>	National AIDS Control Organization, Ministry of Health & Family Welfare Government of India 9 th Floor, Chandralok Building, 36 Janpath, New Delhi, 110001 Tel: +1 23325331; Fax: +1 23731746

Tool 4.5	
<i>Title</i>	Principles of HIV prevention in drug-using populations: A research-based guide
<i>Author / Institution</i>	National Institute on Drug Abuse, 2002
<i>Description</i>	This research-based guide summarizes basic HIV principles among drug users and describes the epidemiology of HIV/AIDS risk behaviors.
<i>Link to Tool</i>	http://www.drugabuse.gov/pohp/research.html
<i>Source / Contact</i>	National Institute on Drug Abuse National Institutes of Health 6001 Executive Boulevard, Room 5213 Bethesda, MD 20892-9561 Tel: + 1 877 643 2644; Fax: + 1-240-645-0227 Email: drugpubs@nida.nih.gov Web site: www.drugabuse.gov

Tool 4.6	
<i>Title</i>	HIV and Substance Use Clinical Guidelines: Working with the Active User
<i>Author / Institution</i>	New York Department of Health AIDS Institute, 2009
<i>Description</i>	Provides guidance on working with active drug users, including recommendations on service delivery models and types of interventions to be offered.
<i>Link to Tool</i>	http://www.hivguidelines.org/clinical-guidelines/hiv-and-substance-use/working-with-the-active-user/
<i>Source / Contact</i>	NYDOH AIDS Institute Office of the Medical Director 90 Church Street, 13th Floor, New York, NY 10007-2919 Tel: +1 212 417 4553 or +1 518 474 9866 Web site: www.hivguidelines.org

Tool 4.7	
<i>Title</i>	Harm Reduction Developments: Countries with Injection-Driven HIV Epidemics
<i>Author / Institution</i>	Open Society Institute, 2008
<i>Description</i>	This report provides key developments in HIV prevention, policy, and treatment for IDUs in developing and transitional countries with injection-driven epidemics, and includes overviews on such issues as community mobilization, methadone, and buprenorphine treatment availability, harm reduction in prisons, and HIV treatment for IDUs.
<i>Link to Tool</i>	http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/developments_20080304
<i>Source / Contact</i>	Open Society Institute 400 West 59th Street, New York, New York 10019 USA Tel: +1 212 548 0111; Fax: +1 212 548 4617 Email: IHRD@sorosny.org Web site: www.soros.org

Tool 4.8	
<i>Title</i>	Best practice in HIV/AIDS prevention and care for injecting drug abusers: The Triangular Clinic in Kermanshah, Islamic Republic of Iran
<i>Author / Institution</i>	Regional Office for the Eastern Mediterranean/WHO, 2004
<i>Description</i>	This document provides a case study of the Triangular Clinic in Iran which provides a comprehensive HIV prevention and care program for IDUs focusing on the development and implementation of the Triangular Clinic program.
<i>Link to Tool</i>	www.emro.who.int/asd/PDF/STD-052.pdf
<i>Source / Contact</i>	World Health Organization, Regional Office for the Eastern Mediterranean P.O. Box 7608, Nasr City, Cairo 11371, Egypt Tel: +202 670 2535; Fax: +202 670 2492 Email: DSA@emro.who.int Web site: http://www.who.int/en/

Tool 4.9	
<i>Title</i>	High Coverage Sites: HIV Prevention among Injecting Drug Users in Transitional and Developing Countries
<i>Author / Institution</i>	United Nations Joint Programme on HIV/AIDS, 2006
<i>Description</i>	This document discusses four case studies of high coverage countries in which over 50% of IDUS were reached by HIV prevention interventions and describes the program and lessons learned.
<i>Link to Tool</i>	http://data.unaids.org/Publications/IRC-pub07/JC1254-highCoverageIDU_en.pdf
<i>Source / Contact</i>	UNAIDS Information Centre 20 avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 36 66; Fax: +41 22 791 41 87 E-mail: distribution@unaids.org Web site: http://www.unaids.org

Tool 4.10	
<i>Title</i>	Prevention of transmission of HIV among Drug Users in the South Asian Association for Regional Co-operation (SAARC) Countries
<i>Author / Institution</i>	United Nations Office on Drugs and Crime: South Asia
<i>Description</i>	This document is a series of six modules, which together form an “Intervention Tool-kit” that will help in capacity building for field-level intervention teams to prevent HIV among drug users. The modules are: (1) Introduction to Intervention Toolkit and basics of conducting rapid situation and response assessment; (2) Peer-led community outreach intervention for drug users; (3) Safer practices; (4) Buprenorphine substitution; (5) Methadone substitution (Methadone Maintenance); and (6) Low-cost, community-based care for drug users
<i>Link to Tool</i>	http://www.unodc.org/india/en/prev_h13_modules.html
<i>Source / Contact</i>	UNODC Regional Office for South Asia (Responsible for India, Bangladesh, Bhutan, Maldives, Nepal, and Sri Lanka) Mr. Gary Lewis, Representative P.O. Box 3059, New Delhi, India, 110 003 Tel: +91 11 4222 5000 or 2410 4970/71/72/73 Fax: +91 11 2410 4962 Web site: http://www.unodc.org/southasia/

CHAPTER 5: IMPLEMENTING HIV INTERVENTIONS AMONG PEOPLE WHO USE DRUGS

5.1: Implementing Interventions: *Community Outreach*

Tool 5.1.1	
<i>Title</i>	The NIDA Community-Based Outreach Model: A Manual to Reduce the Risk of HIV and Other Blood-Borne Infections in Drug Users
<i>Author / Institution</i>	National Institute on Drug Abuse, 2000
<i>Description</i>	This paper describes the evidence for the effectiveness of community-based outreach intervention as a component of a comprehensive HIV prevention among drug users.
<i>Link to Tool</i>	http://archives.drugabuse.gov/PDF/CBOM/Manual.pdf
<i>Source / Contact</i>	SAMHSA's National Clearinghouse for Alcohol and Drug Information P.O. Box 2345, Rockville, MD 20847-2345 Tel: + 1 800 729 6686; Fax: + 1 240 221 4282 Web site: http://ncadi.samhsa.gov/

Tool 5.1.2	
<i>Title</i>	Effectiveness of community-based outreach in preventing HIV/AIDS among injecting drug users
<i>Author / Institution</i>	Richard H. Needle, Dave Burrows, Samuel R. Friedman, Jimmy Dorabjee, Grazielle Touze, Larissa Badreva, Jean-Paul C., Grund, Munirathinam Suresh Kumar, Luciano Nigro, Greg Manning, and Carl Latkin, 2005
<i>Description</i>	This paper describes the evidence for the effectiveness of community-based outreach intervention as a component of a comprehensive HIV prevention program for drug users.
<i>Link to Tool</i>	http://www.cdc.gov/outreach/background/NeedleRevIDU_Effects05.pdf
<i>Source / Contact</i>	Needle, R. H., Burrows, D., Friedman, S. R., Dorabjee, J., Touze, G., Badreva, L.,...Latkin, C. (2005). Effectiveness of community-based outreach in preventing HIV/AIDS among injecting drug users. <i>International Journal of Drug Policy</i> , 16S, S45–S57.

Tool 5.1.3	
<i>Title</i>	Defining the Components of Street Outreach for HIV Prevention: the Contact and the Encounter
<i>Author / Institution</i>	Jo Valentine and Linda Wright-De Agüero, 1996
<i>Description</i>	This paper describes two types of interactions that occur during outreach, the contact, and the encounter and suggests techniques for enhancing the encounter between outreach workers and clients using the conceptual framework of the social work helping relationship.
<i>Link to Tool</i>	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1382046/pdf/pubhealthrep00044-0071.pdf
<i>Source / Contact</i>	Valentine, J., & Wright-DeAgüero, L. (1996). Defining the components of street outreach for HIV prevention: the contact and the encounter. <i>Public Health Reports</i> , 111(Supplement 1), 69–74.

Tool 5.1.4	
<i>Title</i>	Evidence for Action: Effectiveness of Community Based Outreach
<i>Author / Institution</i>	World Health Organization, 2004
<i>Description</i>	This document presents evidence for effectiveness of community-based outreach as a strategy for reaching and reducing HIV risk behaviors among IDUs
<i>Link to Tool</i>	www.who.int/hiv/pub/idu/idu/en/
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/en/

Tool 5.1.5	
<i>Title</i>	Policy Brief: Reduction of HIV Transmission through Outreach
<i>Author / Institution</i>	World Health Organization, United Nations Joint Programme on HIV/AIDS, and United Nations Office on Drugs and Crime 2004
<i>Description</i>	This policy brief provides evidence regarding the need for a strong outreach component to reduce HIV transmission among IDUs
<i>Link to Tool</i>	http://www.wpro.who.int/sites/hsi/documents/policy_brief_04_02.htm
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/en/

Tool 5.1.6	
<i>Title</i>	Training Guide for HIV Prevention Outreach to Injecting Drug Users
<i>Author / Institution</i>	World Health Organization, 2004
<i>Description</i>	Four module training package designed to organize workshops that orient and train people working in outreach to IDUs
<i>Link to Tool</i>	http://www.who.int/hiv/pub/idu/hivpubidu/en/index.html
<i>Source / Contact</i>	World Health Organization Department of HIV/AIDS 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 E-mail: hiv-aids@who.int Web site: http://www.who.int/hiv/en

5.2: Implementing Interventions: Risk Reduction Counseling

Tool 5.2.1	
<i>Title</i>	Guidelines for Behavior Change Communication: Enhancing Content for Harm Reduction Service Provision
<i>Author / Institution</i>	Habib Ahmed Afser, Shazia Mohamed, AAHUNG; National AIDS Control Programme, Ministry of Health, Government of Pakistan; and Futures Group, 2007
<i>Description</i>	This document provides a multi-level tool for promoting voluntary behavior change with tailor-made messages and a supportive environment for reducing harm among drug users.
<i>Link to Tool</i>	http://www.ahrn.net/library_upload/uploadfile/file1737.pdf
<i>Source / Contact</i>	Habib Ahmed Afser, Shazia Mohamed, AAHUNG Town House No. G-28/29 Embassy Villa 10, Ch. Khaliq-u-Zaman Road, Block 8, Clifton, Karachi, Pakistan Phone: +92 21 587 0244 & +92 21 582 1654 Email: aahung@cyber.net.pk

Tool 5.2.2	
<i>Title</i>	HIV/AIDS and injecting drug use: Information, education and communication
<i>Author / Institution</i>	Peter Aggleton, Paul Jenkins, and Anne Malcolm, 2005
<i>Description</i>	This article distinguishes and assesses 6 types of individual level drug use interventions in which IEC plays a role (mass reach interventions, outreach, harm reduction, drug treatment, VCT, risk reduction counseling).
<i>Link to Tool</i>	http://linkinghub.elsevier.com/retrieve/pii/S0955395905000800
<i>Source / Contact</i>	Aggleton, P., Jenkins, P., & Malcolm, A (2005). HIV/AIDS and injecting drug use: Information, education and communication. <i>International Journal of Drug Policy</i> , 16S, S21–S30.

Tool 5.2.3	
<i>Title</i>	HIV Transmission Guidelines for Assessing Risk
<i>Author / Institution</i>	Canadian AIDS Council, 2004
<i>Description</i>	This document offers a framework for assessing risk of transmission of HIV and hepatitis C virus (HCV), summarizes the implications of the current medical and scientific evidence on HIV and HCV transmission, and discusses risk reduction strategies.
<i>Link to Tool</i>	http://www.cdnaids.ca/hivtransmissionguidelinesforassessi
<i>Source / Contact</i>	Canadian AIDS Society 190 O'Connor St, Suite 800, Ottawa, ON K2P 2R3 Tel: +1 877 999 7740 Email: aidssida@cpha.ca

Tool 5.2.4	
<i>Title</i>	Guidelines for Behavior Change Interventions to Prevent HIV: Sharing Lessons from an Experience in Bangladesh
<i>Author / Institution</i>	CARE/United Nations Joint Programme for HIV/AIDS, 2003
<i>Description</i>	This document shares best practices from a targeted intervention in Bangladesh.
<i>Link to Tool</i>	http://www.who.int/hiv/topics/vct/sw_toolkit/guidelines_behavior_change_bangladesh.pdf
<i>Source / Contact</i>	UNAIDS Information Centre 20 avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 36 66; Fax: +41 22 791 41 87 E-mail: distribution@unaids.org Web site: http://www.unaids.org

Tool 5.2.5	
<i>Title</i>	Interventions to reduce the sexual risk behaviour of injecting drug users
<i>Author / Institution</i>	Don C. Des Jarlais and Salaam Semaan, 2005
<i>Description</i>	This article conducts a qualitative and meta-analysis regarding interventions to reduce sexual risk behavior among IDUs and the implications for global research efforts and public health practice.
<i>Link to Tool</i>	http://www.journals.elsevierhealth.com/periodicals/drupol/article/PIIS0955395905000794/abstract
<i>Source / Contact</i>	Des Jarlais, D. C. & Semaan, S. (2005). Interventions to reduce the sexual risk behaviour of injecting drug users. <i>International Journal of Drug Policy</i> , 16, 58–66

Tool 5.2.6	
<i>Title</i>	Spreading the Light of Science: Guidelines on Harm Reduction Related to Injection Drug Use
<i>Author / Institution</i>	International Federation of Red Cross and Red Crescent Societies, 2003
<i>Description</i>	The purpose of this document is to outline the rationale for harm reduction programs that National Societies can adapt to the realities of their countries in the development and implementation of harm reduction programs and in conducting advocacy for the acceptance of such programs.
<i>Link to Tool</i>	http://www.ifrc.org
<i>Source / Contact</i>	International Federation of Red Cross and Red Crescent Societies P.O. Box 372, CH-1211 Geneva 19, Switzerland Tel: +41 22 730 4222; Fax: +41 22 733 0395 E-mail: secretariat@ifrc.org Web site: www.ifrc.org

Tool 5.2.7	
<i>Title</i>	Behavior Change and Health-Related Interventions for Heterosexual Risk Reduction Among Drug Users
<i>Author / Institution</i>	Salaam Semaan, Don C. Des Jarlais, and Rob Mallow, 2006
<i>Description</i>	This article discusses the need for, and components of, behavior change and risk reduction in reducing sexually related HIV risk among drug users.
<i>Link to Tool</i>	http://www.ncbi.nlm.nih.gov/pubmed/17002987
<i>Source / Contact</i>	Semaan, S., Des Jarlais, D. C., & Malow, R. (2006). Behavior Change and Health-Related Interventions for Heterosexual Risk Reduction among Drug Users. <i>Substance Abuse and Misuse</i> , 41, 1349–1378.

Tool 5.2.8	
<i>Title</i>	Bi-regional Strategy for Harm Reduction 2005–2009: HIV and Injecting Drug Use
<i>Author / Institution</i>	World Health Organization, Regional Office for South-East Asia, and Regional Office for the Western Pacific, 2005
<i>Description</i>	The report provides a bi-regional strategy for Southeast Asia and Western Pacific Regions for reducing harm amongst IDUs from contracting and transmitting HIV/AIDS.
<i>Link to Tool</i>	www.wpro.who.int/publications/PUB_9290611952.htm
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/en/

Implementing Interventions: *Behavioral Intervention*

Tool 5.2.9	
<i>Title</i>	Safety Counts Program Manual: A Cognitive-Behavioral Intervention to Reduce HIV/Hepatitis Risks Among Drug Users Who Are Not in Drug Treatment
<i>Author / Institution</i>	Academy for Educational Development/Centers for Disease Control and Prevention, 2006
<i>Description</i>	This manual provides guidance on implementing the Safety Counts program into four parts: Part I provides an overview of the intervention, Part II assists program managers on implementation, Part III provides instructions for conducting sessions, and Part IV provides evaluation techniques.
<i>Link to Tool</i>	http://effectiveinterventions.org/en/Interventions/SafetyCounts.aspx
<i>Source / Contact</i>	Academy for Educational Development Center on AIDS & Community Health Tel: +1 800 462 9521 or +1 202 884 8712

Tool 5.2.10	
<i>Title</i>	Provisional Procedural Guidance for Community-based Organizations
<i>Author / Institution</i>	Centers for Disease Control and Prevention, 2006
<i>Description</i>	This guidance gives information to help CBOs come up with a plan for designing prevention programs and recruitment strategies to promote counseling and testing, health education and risk reduction, and other prevention services; counseling, testing, and referral strategies; and interventions to help prevent the spread of HIV to meet the needs of persons living with HIV, their partners, and other persons who are not HIV-infected, but are at very high risk for HIV.
<i>Link to Tool</i>	www.effectiveinterventions.org
<i>Source / Contact</i>	Diffusion of Effective Behavioral Interventions Tel: +1 800 462 9521 Email: interventions@aed.org

Tool 5.2.11	
<i>Title</i>	Self Help in Eliminating Life-Threatening Diseases (SHIELD)
<i>Author / Institution</i>	John Hopkins University/National Institute on Drug Abuse, 1997
<i>Description</i>	This manual provides instruction on SHIELD, a small-group, interactive intervention that relies on peer networks to reduce drug and sex risk behaviors that lead to HIV, by using multiple training and skill-building sessions
<i>Link to Tool</i>	http://www.jhsph.edu/ShipStudies/Past_Projects/shield.html
<i>Source / Contact</i>	Lighthouse Studies @ Peer Point 2213 McElderry Street, Baltimore, MD 21205-2414 Tel: +1 800 967 5710

Tool 5.2.12	
<i>Title</i>	Best Evidence Interventions: Findings from a Systematic Review of HIV Behavioral Interventions for US populations at High Risk, 2000-2004
<i>Author / Institution</i>	Lyles CM, Kay LS, Crepaz N, Herbst JH, Passin WF, Kim AS, Rama SM, Thadiparthi S, DeLuca JB, Mullins MM; HIV/AIDS Prevention Research Synthesis Team, 2007
<i>Description</i>	This article provides a systematic review of US-based HIV behavioral intervention research literature from 2000-2004 to identify interventions demonstrating best evidence of efficacy for reducing HIV risk.
<i>Link to Tool</i>	http://www.ajph.org/cgi/content/abstract/AJPH.2005.076182v1
<i>Source / Contact</i>	Lyles, C. M., Kay, L. S., Crepaz, N., Herbst, J. H., Passin, W. F., Kim, A. S.,...Mullins, M. M. (2007). Best Evidence Interventions: Findings from a Systematic Review of HIV Behavioral Interventions for US populations at High Risk, 2000–2004. <i>American Journal of Public Health</i> , 97 (1), 133–143.

Tool 5.2.13	
<i>Title</i>	Choosing Life: Empowerment, Action, Results (CLEAR)
<i>Author / Institution</i>	National Institute on Drug Abuse/University of California: Los Angeles, 2000
<i>Description</i>	CLEAR is a three-module intervention that is delivered in one-on-one sessions to young people living with HIV to reduce high-risk behaviors, especially substance abuse.
<i>Link to Tool</i>	http://chipts.ucla.edu/interventions/manuals/intervclear.html
<i>Source / Contact</i>	Center for HIV Identification, Prevention, and Treatment Services (CHIPTS) 10920 Wilshire Blvd, Suite# 350, Los Angeles, CA 90024 Tel: +1 310 794 8278; Fax: + 1 310 794 8297 Web site: http://chipts.ucla.edu/about/index.asp

Tool 5.2.14	
<i>Title</i>	Female and Culturally Specific Negotiation Intervention Training Manual
<i>Author / Institution</i>	Claire Sterk and Centers for Disease Control and Prevention, 1998
<i>Description</i>	In four individual sessions, the intervention explores the meaning of gender-specific behaviors and social interactions, norms and values, and power and control to reduce HIV risk behaviors among African-American women who use crack or inject drugs.
<i>Link to Tool</i>	http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/female.htm
<i>Source / Contact</i>	Dr. Claire Sterk, Emory University, Rollins School of Public Health Department of Behavior Sciences and Health Education 1518 Clifton Road N.E., Atlanta, GA 30322 Email: csterk@sph.emory.edu

Tool 5.2.15	
<i>Title</i>	Holistic Health Recovery Program Manual
<i>Author / Institution</i>	Yale/Centers for Disease Control and Prevention, 2005
<i>Description</i>	This manual provides guidance on a 12-session, group-level program promoting abstinence from illicit drug use or from sexual risk behaviors, reduced drug use, reduced risk for HIV transmission, and improved medical, psychological, and social functioning.
<i>Link to Tool</i>	http://effectiveinterventions.org/en/Interventions/HolisticHealth.aspx
<i>Source / Contact</i>	Diffusion of Effective Behavioral Interventions Tel: +1 800 462 9521 Email: interventions@aed.org

5.3: Implementing Interventions: HIV Counseling and Testing

Tool 5.3.1	
<i>Title</i>	Guidance on Testing and Counseling for HIV in Settings Attended by People who Inject Drugs: Improving Access to Treatment, Care and Prevention
<i>Author / Institution</i>	World Health Organization South-East Asia Region and Western Pacific Region/ United Nations Office on Drugs and Crimes Regional Centre for East Asia and the Pacific, 2009
<i>Description</i>	This document offers basic operational guidance on HIV testing and counseling in settings attended by people who inject drugs (PWID). It is intended for a wide audience, including policy-makers, HIV/AIDS service providers, and non-governmental organizations (NGOs) providing services for HIV-related conditions and civil society groups providing services to PWID.
<i>Link to Tool</i>	http://www.wpro.who.int/NR/rdonlyres/D243AA59-5C7A-4C0D-AF55-4276E8DB62C7/0/GuidanceonTCinIDUsettings.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: premissions@who.int

Tool 5.3.2	
<i>Title</i>	Guidance on Provider-Initiated HIV Testing and Counseling in Health Facilities
<i>Author / Institution</i>	World Health Organization, The United Nations Joint Programme on HIV/AIDS, 2007
<i>Description</i>	This document provides basic operational guidance on provider-initiated HIV testing and counseling in health facilities.
<i>Link to Tool</i>	http://whqlibdoc.who.int/publications/2007/9789241595568_eng.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: premissions@who.int

Tool 5.3.3	
<i>Title</i>	Rapid HIV Tests: Guidelines for Use in HIV Testing and Counseling Services in Resource Constrained Settings
<i>Author / Institution</i>	World Health Organization, 2004
<i>Description</i>	This document reviews characteristics of rapid HIV tests for HIV testing and counseling and discusses practical issues and presents algorithm and recommendations for their use.
<i>Link to Tool</i>	http://www.aegis.com/files/who/rapidhivtests/en%5B1%5D.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: premissions@who.int

5.4 Implementing Interventions: Condom Promotion and Distribution

Tool 5.4.1	
<i>Title</i>	Condoms and HIV Prevention: Position Paper
<i>Author / Institution</i>	United Nations Population Fund, World Health Organization and United Nations Joint Programme on HIV/AIDS, 2009
<i>Description</i>	This document outlines the principles in condom programming, including promotion and distribution of condoms among high-risk populations
<i>Link to Tool</i>	http://www.unfpa.org/hiv/docs/statement_condoms_HIV.pdf
<i>Source / Contact</i>	UNFPA 220 East 42nd Street New York, NY 10017 USA Fax: +1.212.297-4915 Email: hiv@unfpa.org Web site: http://www.unfpa.org/

Tool 5.4.2	
<i>Title</i>	Condom effectiveness in reducing heterosexual HIV transmission.
<i>Author / Institution</i>	S. Weller and K. Davis, 2002
<i>Description</i>	This article provides a comprehensive review of the existing evidence for condom use for HIV prevention.
<i>Link to Tool</i>	http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD003255/pdf fs.html
<i>Source / Contact</i>	Weller, S. & Davis, K. (2002). Condom effectiveness in reducing heterosexual HIV transmission. <i>Cochrane Database of Systematic Reviews</i> : CD003255

5.5: Implementing Interventions: Access to and Safe Disposal of Injection Equipment

Tool 5.5.1	
<i>Title</i>	Starting and Managing Needle and Syringe Exchange Programs: A guide for Central and Eastern Europe and the newly independent states of the former Soviet Union
<i>Author / Institution</i>	Burrows D., 2000
<i>Description</i>	This document provides a comprehensive guide for setting up needle syringe programs in Central and Eastern Europe, and newly independent ex-Soviet Union states.
<i>Link to Tool</i>	http://www.soros.org/
<i>Source / Contact</i>	Open Society Institute International Harm Reduction Development 400 West 59th Street New York, NY 10019 Tel: +1 212-548-0677; Fax: +1 212-548-4617 Email: ihrd@sorosny.org Web site: http://www.soros.org/

Tool 5.5.2	
<i>Title</i>	Syringe disinfection for IDUs
<i>Author / Institution</i>	Centers for Disease Control and Prevention and Academy for Educational Development, 2004
<i>Description</i>	This document provides basic information on syringe disinfection—specifically bleach disinfection—and lists the advantages and disadvantages of various methods of syringe disinfection.
<i>Link to Tool</i>	www.cdc.gov/idu/facts/disinfection.pdf
<i>Source / Contact</i>	Centers for Disease Control and Prevention 1600 Clifton Road, MS – E-04, Atlanta, GA 30333 CDC Tel: +1 404 639 5230; AED Tel: +1 202 884 8952. Web site: http://www.cdc.gov/idu

Tool 5.5.3	
<i>Title</i>	Guide to Starting and Managing Needle and Syringe Programmes
<i>Author / Institution</i>	World Health Organization, 2007
<i>Description</i>	This guide is designed to assist in expanding the response to HIV among injection drug users by offering guidance on developing a NSP, scaling up of programs, and establishing NSP in prison and other closed settings.
<i>Link to Tool</i>	www.who.int/hiv/idu/OMSEA_NSP_Guide_100807.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: bookorders@who.int Web site: http://www.who.int/en/

Tool 5.5.4	
<i>Title</i>	Effectiveness of Sterile Needle and Syringe Programming in reducing HIV/AIDS among Injecting Drug Users
<i>Author / Institution</i>	World Health Organization, 2004
<i>Description</i>	This document evaluates evidence on the effectiveness of sterile needle and syringe programming for HIV prevention among IDUs and recommends how this evidence can guide policy makers in programming for HIV prevention among IDUs
<i>Link to Tool</i>	www.who.int/hiv/pub/prev_care/effectivenesssterileneedle.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: bookorders@who.int Web site: http://www.who.int/en/

Tool 5.5.5	
<i>Title</i>	Policy Brief: Provision of Sterile Injecting Equipment to Reduce HIV Transmission
<i>Author / Institution</i>	World Health Organization, 2004
<i>Description</i>	This policy brief reviews current evidence regarding the benefit of including access to sterile injection equipment for IDUs as an essential component of HIV/AIDS prevention programmes.
<i>Link to Tool</i>	www.emro.who.int/aiecf/web32.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/en/

Tool 5.5.6	
<i>Title</i>	Effectiveness of sterile needle and syringe programmes
<i>Author / Institution</i>	Alex Wodak and Annie Cooney, 2005
<i>Description</i>	This article provides a comprehensive overview of evidence for needle syringe programmes.
<i>Link to Tool</i>	http://linkinghub.elsevier.com/retrieve/pii/S0955395905000782
<i>Source / Contact</i>	Wodak, A., & Cooney, A. (2005). Effectiveness of sterile needle and syringe programmes. <i>International Journal of Drug Policy</i> , 16S, S31–S44.

5.6 Implementing Interventions: STI Screening and Treatment

Tool 5.6.1	
<i>Title</i>	Clinic Operational Guidelines & Standards: Comprehensive STI services for Sex Workers in Avahan-Supported Clinics in India
<i>Author / Institution</i>	AVAHAN India AIDS Initiative & Family Health International, 2007
<i>Description</i>	This document, Clinic Operational Guidelines and Standards (COGS) defines the minimum standards for STI services for Avahan-supported clinics and related community outreach. COGS were developed based on an initial participatory assessment, Avahan-wide field experiences, existing Indian national guidelines, and inputs from technical experts.
<i>Link to Tool</i>	http://www.fhi.org/NR/rdonlyres/ecpa2yfjgb56lm4fj3q52opc2fv5ioww32li762zibb22cosyxtelpgt6c6xrurktkaxw3mphkeacf/COGSHVenhv.pdf
<i>Source / Contact</i>	Family Health International, FHI AIDS Institute 2101 Wilson Boulevard, Arlington, VA 22201 Tel: +1 703 516 9779; Fax: +1 703 516 9781 Web site: http://www.fhi.org

Tool 5.6.2	
<i>Title</i>	Sexually transmitted and other reproductive tract infections: A guide to essential practice
<i>Author / Institution</i>	World Health Organization, Family Health International, and The Population Council, 2005
<i>Description</i>	This guide serves as a reference manual to screen and treat individuals for STIs and RTIs in resource-constrained settings.
<i>Link to Tool</i>	www.emro.who.int/aiecf/web79.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/en/

Tool 5.6.3	
<i>Title</i>	Guidelines for the management of sexually transmitted infections
<i>Author / Institution</i>	World Health Organization, 2003
<i>Description</i>	This guide provides recommendations for the comprehensive management of patients with STIs within the broader context of control, prevention, and care programs for STI and HIV infection in resource-constrained settings.
<i>Link to Tool</i>	www.emro.who.int/aiecf/web79.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/en/

Tool 5.6.4	
<i>Title</i>	Management of common health problems of drug users
<i>Author / Institution</i>	World Health Organization, Regional Office for South-East Asia, 2007
<i>Description</i>	These clinical guidelines are intended for use by doctors, nurses, and other health care workers who work in community outreach, drop-in centers, community clinics, drug treatment centers, prison clinics, and primary- and secondary-level hospitals. It offers guidance on the provision of primary health care to drug users and focuses on the clinical management of common medical problems associated with drug use, in particular, injecting drug use in the presence or absence of HIV infection.
<i>Link to Tool</i>	www.searo.who.int/hiv-aids/publications .
<i>Source / Contact</i>	HIV Unit, Department of Communicable Diseases World Health Organization, Regional Office for South-East Asia, Indraprastha Estate, Mahatma Gandhi Marg, New Delhi 110 002, India, E-mail: hiv@searo.who.int .

Tool 5.6.5	
<i>Title</i>	STDs among illicit drug users in the United States: The need for interventions
<i>Author / Institution</i>	S. Semaan, D.C. Des Jarlais, R.M. Malow, 2007
<i>Description</i>	This chapter aims to review and summarize the literature on STDs (excluding HIV) in drug users who engage in heterosexual behaviors and to describe the existing profile of STD-related prevention and control activities specific to drug users.
<i>Link to Tool</i>	http://www.springerlink.com/content/k160p01r2m2731q6/
<i>Source / Contact</i>	Semaan, S., Des Jarlais, D. C., & Malow, R. M. (2007). STD among illicit drug users in the United States: The need for interventions. In S. O. Aral & J. M. Douglas (Eds.), <i>Behavioral interventions for prevention and control of sexually transmitted diseases</i> (397-430). New York, NY: Springer Science + Business Media.

5.7: Implementing Interventions: HIV Care and Treatment among Drug Users

Tool 5.7.1	
<i>Title</i>	Antiretroviral treatment for injecting drug users in developing and transitional countries 1 year before the end of the ‘Treating 3 million by 2005. Making it happen. The WHO strategy’ (‘3by5’)
<i>Author / Institution</i>	Carmen Aceijas, Edna Oppenheimer, Gerry V. Stimson, Richard E. Ashcroft, Srdan Matic, and Matthew Hickman, 2006
<i>Description</i>	The article aims to describe and estimate the availability of antiretroviral treatment (ART) to injecting drug users (IDUs) in developing and transitional countries.
<i>Link to Tool</i>	http://www.who.int/hiv/idu/AddictionAbstractSept06.pdf
<i>Source / Contact</i>	Aceijas, C., Oppenheimer, E., Stimson, G. V., Ashcroft, R. E., Matic, S., & Hickman, M. (2006). Antiretroviral treatment for injecting drug users in developing and transitional countries 1 year before the end of the ‘Treating 3 million by 2005. Making it happen. The WHO strategy’ (‘3by5’). <i>Addiction</i> , 101 (9), 1246–53.

Tool 5.7.2	
<i>Title</i>	Treatment and care for HIV-positive Injecting Drug Users
<i>Author / Institution</i>	Association of South East Asian Nations, United States Agency for International Development, World Health Organization, and Family Health International, 2007
<i>Description</i>	This is a set of training modules (12 modules) for clinicians who provide treatment and care, including antiretroviral therapy, for HIV-positive IDUs. The curriculum identifies critical skills that will be needed by health givers and clinicians in ensuring that HIV-positive IDUs are provided with high-quality treatment
<i>Link to Tool</i>	http://www.searo.who.int/en/Section10/Section18/Section356_14247.htm
<i>Source / Contact</i>	The Association of Southeast Asian Nations (ASEAN) 70 A, Jalan Sisingamangaraja Jakarta 12110, Indonesia Tel: + 1 62 21 724 3372 E-mail: public@aseansec.org Website: www.aseansec.org

Tool 5.7.3	
<i>Title</i>	Evidence for Action: A critical tool for guiding policies and programmes for HIV prevention, treatment and care among injecting drug users
<i>Author / Institution</i>	Andrew Ball, Monica Beg, Andrew Doupe, and Gundo A. Weiler, 2005
<i>Description</i>	The editorial provides a review of evidence regarding HIV prevention, treatment, and care among IDUs, discusses the available literature regarding HIV and IDUs, and points out the varying approaches to working with HIV and IDUs
<i>Link to Tool</i>	http://linkinghub.elsevier.com/retrieve/pii/S0955395905001234
<i>Source / Contact</i>	Ball, A., Beg, M., Doupe, A., & Weiler, G. A. (2005). Evidence for Action: A critical tool for guiding policies and programmes for HIV prevention, treatment and care among injecting drug users. <i>International Journal of Drug Policy</i> , 16S, S1–S6.

Tool 5.7.4	
<i>Title</i>	Antiretroviral HIV treatment and care for injecting drug users: An evidence-based overview
<i>Author / Institution</i>	France Lert and Michel D. Kazatchkine, 2007
<i>Description</i>	This commentary provides a description of the evidence base to promote the need for large-scale implementation of comprehensive treatment and care strategies for IDUs that include both treatment of drug dependence and HIV/AIDS
<i>Link to Tool</i>	http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2020510
<i>Source / Contact</i>	Lert, F., & Kazatchkine, M. D. (2007). Antiretroviral HIV treatment and care for injecting drug users: An evidence-based overview. <i>International Journal of Drug Policy</i> , 18, 255–261.

Tool 5.7.5	
<i>Title</i>	HIV and Substance Use Clinical Guidelines: Adherence to Antiretroviral Therapy among Substance Users; Care of the Hospitalized HIV-infected Substance User; Drug - Drug Interactions between HAART Medications Used in Substance Abuse Treatment and Recreational Drugs; Medical Care of HIV infected Substance-abusing Women; Mental Health Disorders Among Substance-using HIV-infected Patients; Pain in the HIV-infected Substance User
<i>Author / Institution</i>	New York Department of Health AIDS Institute, 2009
<i>Description</i>	These documents provide guidance on treating and caring for HIV infected substance users.
<i>Link to Tool</i>	http://www.hivguidelines.org/clinical-guidelines/hiv-and-substance-use/ http://www.hivguidelines.org/wp-content/uploads/2009/06/s-adher.pdf http://www.hivguidelines.org/wp-content/uploads/2009/06/s-hosp.pdf http://www.hivguidelines.org/wp-content/uploads/2009/06/s-ddi.pdf http://www.hivguidelines.org/wp-content/uploads/2009/06/s-women.pdf http://www.hivguidelines.org/wp-content/uploads/2009/06/s-mh.pdf http://www.hivguidelines.org/wp-content/uploads/2009/06/s-pain.pdf
<i>Source / Contact</i>	AIDS Institute Office of the Medical Director 90 Church Street, 13th Floor, New York, NY 10007-2919 Tel: +1 212 417 4553 or +1 518 474 9866 Web site: www.hivguidelines.org

Tool 5.7.6	
<i>Title</i>	Breaking Down Barriers: Lessons on Providing HIV Treatment to Injection Drug Users
<i>Author / Institution</i>	Open Society Institute/International Harm Reduction Development, 2004
<i>Description</i>	This document provides case studies from around the world offer effective strategies for treating HIV-infected IDUs.
<i>Link to Tool</i>	www.soros.org/initiatives/ihrd
<i>Source / Contact</i>	International Harm Reduction Development Program, Open Society Institute 400 West 59 th Street, New York, New York 10019 USA Tel: +1 212 548 0677; Fax: +1 212 428 4617 Email: IHRD@sorosny.org Web site: www.soros.org

Tool 5.7.7	
<i>Title</i>	HIV/AIDS Treatment and Care for IDUs: Clinical Protocol for WHO European Region
<i>Author / Institution</i>	World Health Organization, 2007
<i>Description</i>	The document provides clinical guidance on treatment and care for HIV-positive drug users for the WHO European Region.
<i>Link to Tool</i>	http://www.euro.who.int/_data/assets/pdf_file/0009/78138/E90840_Chapter_5.pdf
<i>Source / Contact</i>	Publications Office WHO Regional Office for Europe Scherfigsvej 8 DK-2100 Copenhagen Ø, Denmark Web site: www.euro.who.int/

Tool 5.7.8	
<i>Title</i>	Basic Principles for Treatment and Psychosocial Support of Drug Dependent People Living with HIV/AIDS
<i>Author / Institution</i>	World Health Organization, 2006
<i>Description</i>	This document provides central principles for treatment and support of HIV-positive IDUs as well as a tool to stimulate coordination and communication among health care providers in delivery systems.
<i>Link to Tool</i>	www.who.int/entity/substance_abuse/publications/basic_principles_drug_hiv.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: bookorders@who.int Web site: http://www.who.int/en/

Tool 5.7.9	
<i>Title</i>	Treatment of injecting drug users with HIV/AIDS: promoting access and optimizing service delivery
<i>Author / Institution</i>	World Health Organization, 2006
<i>Description</i>	This document aims to describe approaches to enhancing the management of HIV-positive IDUs and discuss issues regarding implementation of interventions to this population.
<i>Link to Tool</i>	www.who.int/entity/substance_abuse/publications/treatment_idus_hiv_aids.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/en/

	Tool 5.7.10
<i>Title</i>	Policy Brief: Antiretroviral Therapy and Injecting Drug Users
<i>Author / Institution</i>	World Health Organization, United Nations Joint Programme on HIV/AIDS and United Nations Office on Drugs and Crime, 2005
<i>Description</i>	The policy brief provides evidence on ARV therapy to HIV-positive IDUs and successful programs for IDUs.
<i>Link to Tool</i>	www.who.int/hiv/pub/prev_care/arvidu.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/en/

5.8: Implementing Interventions: Treatment for Drug Use and Dependence

Tool 5.8.1	
<i>Title</i>	Combating the Twin Epidemics of HIV/AIDS and Drug Addiction
<i>Author / Institution</i>	Center for Strategic and International Studies; David Fiellin, Traci C. Green, and Robert Heimer, 2008
<i>Description</i>	This paper reviews the need for medication-assisted maintenance treatment as part of an essential HIV prevention intervention, details the medical nature of opioid addiction, assesses the availability of treatment in 12 developing countries, and offers recommendations for integration of drug treatment services and HIV prevention efforts.
<i>Link to Tool</i>	http://csis.org/files/media/csis/pubs/080129_fiellincombatinghiv.pdf
<i>Source / Contact</i>	Center for Strategic and International Studies 1800 K Street, NW, Washington DC, 20006 Tel: +1 202 887 0200; Fax: +1 202 775 3199 Web site: https://www.csis.org/

Tool 5.8.2	
<i>Title</i>	Behavioral Drug and Risk Counseling for Opioid Dependent Individuals
<i>Author / Institution</i>	Marek C. Chawarski, Declan T. Barry, Mahmud Mazlan, and Richard S. Schottenfeld, 2006
<i>Description</i>	This manual provides guidance for implementing behavioral drug and HIV risk counseling (BDRC) for individualized treatment for participants who are diagnosed with opiate dependence and currently abusing illicit opiates.
<i>Link to Tool</i>	http://www.hptn.org/web%20documents/HPTN058/ImplementationMaterials/BDRCManualForHPTN058RevisedMay2006.pdf
<i>Source / Contact</i>	SAMHSA's National Clearinghouse for Alcohol and Drug Information P.O. Box 2345, Rockville, MD 20847-2345 Tel: + 1 800 729 6686; Fax: + 1 240 221 4282 Web site: http://ncadi.samhsa.gov/

Tool 5.8.3	
<i>Title</i>	About Methadone
<i>Author / Institution</i>	Drug Policy Alliance, 2003
<i>Description</i>	This document provides information regarding the use of Methadone to treat opiate addiction and is geared towards both those taking methadone and those who may provide treatment.
<i>Link to Tool</i>	http://www.drugpolicy.org/
<i>Source / Contact</i>	Drug Policy Alliance 70 West 36th Street 16th Floor, New York, NY 10018 Tel: (212) 613-8020; Fax: (212) 613-8021 E-mail: membership@drugpolicy.org

Tool 5.8.4	
Title	Effectiveness of drug dependence treatment in HIV prevention
Author / Institution	Michael Farrell, Linda Gowing, John Marsden, Walter Ling, and Robert Ali, 2005
Description	This document provides a review of the effectiveness of drug dependence treatment in preventing HIV transmission among IDUs.
Link to Tool	http://linkinghub.elsevier.com/retrieve/pii/S0955395905000848
Source / Contact	Farrell, M., Gowing, L., Marsden, J., Ling, W., & Ali, R. (2005). Effectiveness of drug dependence treatment in HIV prevention. <i>International Journal of Drug Policy</i> , 16S, S67–S75.

Tool 5.8.5	
Title	Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence
Author / Institution	R.P. Mattick, J. Kimber, C. Breen, and M. Davoli, 2003
Description	A chocrane review which evaluated the effects of buprenorphine maintenance against placebo and methadone maintenance in retaining patients in treatment and in suppressing illicit drug use.
Link to Tool	http://www.cochrane.org/reviews/en/ab002207.html
Source / Contact	Mattick, R. P., Kimber J., Breen C., & Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. <i>The Cochrane Database of Systematic Reviews</i> 2003, Issue 2. pub2.

Tool 5.8.6	
Title	Principles of Drug Addiction Treatment: A Research-Based Guide
Author / Institution	National Institute on Drug Abuse, 2009
Description	This document is intended to address addiction to a wide variety of drugs, including nicotine, alcohol, and illicit and prescription drugs. It is designed to serve as a resource for health care providers, family members, and other stakeholders trying to address the myriad of problems faced by patients in need of treatment for drug abuse or addiction.
Link to Tool	http://www.drugabuse.gov/PDF/PODAT/PODAT.pdf
Source / Contact	National Institute on Drug Abuse National Institutes of Health 6001 Executive Boulevard, Room 5213 Bethesda, MD 20892-9561 Tel: + 1 877 643 2644; Fax: + 1-240-645-0227 Email: drugpubs@nida.nih.gov Web site: www.drugabuse.gov

Tool 5.8.7	
<i>Title</i>	Treatment Approaches for Drug Addiction
<i>Author / Institution</i>	National Institute on Drug Abuse, 2009
<i>Description</i>	This is a fact sheet covering research findings on effective treatment approaches for drug abuse and addiction.
<i>Link to Tool</i>	http://www.nida.nih.gov/PDF/InfoFacts/IF_Treatment_Approaches_2009_to_NIDA_92209.pdf
<i>Source / Contact</i>	National Institute on Drug Abuse National Institutes of Health 6001 Executive Boulevard, Room 5213 Bethesda, MD 20892-9561 Tel: + 1 877 643 2644; Fax: + 1-240-645-0227 Email: drugpubs@nida.nih.gov Web site: www.drugabuse.gov

Tool 5.8.8	
<i>Title</i>	Methadone Research Web Guide
<i>Author / Institution</i>	National Institute on Drug Abuse, 2006
<i>Description</i>	This guide provides an overview of research supporting methadone maintenance as an option for opioid dependency treatment from the United States, answers frequently asked questions, and includes best practices and treatment protocols
<i>Link to Tool</i>	http://international.drugabuse.gov/sites/default/files/pdf/methadoneresearchwebguide.pdf
<i>Source / Contact</i>	National Institute on Drug Abuse National Institutes of Health 6001 Executive Boulevard, Room 5213 Bethesda, MD 20892-9561 Tel: + 1 877 643 2644; Fax: + 1-240-645-0227 Email: drugpubs@nida.nih.gov Web site: www.drugabuse.gov

Tool 5.8.9	
<i>Title</i>	HIV and Substance Use Clinical Guidelines: Substance Use Treatment Modalities for HIV-Infected Persons
<i>Author / Institution</i>	New York Department of Health AIDS Institute, 2009
<i>Description</i>	This document provides information and recommendations regarding various substance abuse treatment modalities for HIV-infected persons.
<i>Link to Tool</i>	http://www.hivguidelines.org/wp-content/uploads/2009/05/s-treat.pdf
<i>Source / Contact</i>	NYDOH AIDS Institute Office of the Medical Director 90 Church Street, 13th Floor, New York, NY 10007-2919 Tel: +1 212 417 4553 or +1 518 474 9866 Web site: www.hivguidelines.org

Tool 5.8.10	
<i>Title</i>	HIV and Substance Use Clinical Guidelines: Screening and Ongoing Assessment for Substance Use
<i>Author / Institution</i>	New York Department of Health AIDS Institute, 2007
<i>Description</i>	This document provides guidance on screening HIV-positive individuals for substance use, abuse and dependence.
<i>Link to Tool</i>	http://www.hivguidelines.org/wp-content/uploads/2009/05/s-screening.pdf
<i>Source / Contact</i>	NYDOH AIDS Institute Office of the Medical Director 90 Church Street, 13th Floor, New York, NY 10007-2919 Tel: +1 212 417 4553 or +1 518 474 9866 Web site: www.hivguidelines.org

Tool 5.8.11	
<i>Title</i>	Treatment Improvement Protocols (TIPS): Substance Abuse: Clinical Issues in Intensive Outpatient treatment; Medication-assisted Treatment for Opioid addiction in opioid treatment programs; Treatment for Stimulant Use Disorders; Substance Abuse Treatment for Persons with HIV/AIDS; Substance Abuse Treatment and Family Therapy; Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction; Detoxification and Substance Abuse Treatment; Brief Interventions and Brief Therapies for Substance Abuse
<i>Author / Institution</i>	Substance Abuse and Mental Health Services Administration, 2010
<i>Description</i>	TIPs are best practice guidelines for the treatment of drug abuse and dependence.
<i>Link to Tool</i>	http://tie.samhsa.gov/Externals/tips.html
<i>Source / Contact</i>	SAMHSA's National Clearinghouse for Alcohol and Drug Information P.O. Box 2345, Rockville, MD 20847-2345 Tel: + 1 800 729 6686; Fax: + 1 240 221 4282 Web site: http://ncadi.samhsa.gov/

Tool 5.8.12	
<i>Title</i>	Buprenorphine: A Guide for Pharmacists
<i>Author / Institution</i>	Substance Abuse and Mental Health Services Administration, 2007
<i>Description</i>	This guide provides pharmacists with an introduction to the clinical, legal, and regulatory aspects of opioid addiction treatment with buprenorphine.
<i>Link to Tool</i>	http://buprenorphine.samhsa.gov/SAMHSA_reports.html
<i>Source / Contact</i>	SAMHSA's National Clearinghouse for Alcohol and Drug Information P.O. Box 2345, Rockville, MD 20847-2345 Tel: + 1 800 729 6686; Fax: + 1 240 221 4282 Web site: http://ncadi.samhsa.gov/

Tool 5.8.13	
<i>Title</i>	Principles of Drug Dependence Treatment: Discussion Paper
<i>Author / Institution</i>	United Nations Office on Drugs and Crime, 2009
<i>Description</i>	This discussion paper aims to encourage governments and other partners to take concerted action for the implementation of evidence-based drug dependence treatment services, which respond to the needs of their local, drug-using populations.
<i>Link to Tool</i>	http://www.unodc.org/documents/eastasiaandpacific//china/UNODC-WHO-Principles-of-Drug-Dependence-Treatment.pdf
<i>Source / Contact</i>	United Nations Publications, Sales Office and Bookshop CH-1211, Geneva 10, Switzerland Tel: 41 (22) 917-2614; Fax: 41 (22) 917-0027 Web site: www.unodc.org

Tool 5.8.14	
<i>Title</i>	Substance Abuse Treatment and care for women: Case studies and lessons learned
<i>Author / Institution</i>	United Nations Office on Drugs and Crime, 2004
<i>Description</i>	This publication provides tools, suggestions, and practical examples for overcoming access barriers, engaging women in substance abuse treatment, and providing treatment that is responsive to the specific needs of women.
<i>Link to Tool</i>	http://www.unodc.org/docs/treatment/Guide_E.pdf
<i>Source / Contact</i>	United Nations Publications, Sales Office and Bookshop CH-1211, Geneva 10, Switzerland Tel: 41 (22) 917-2614; Fax: 41 (22) 917-0027 Web site: www.unodc.org

Tool 5.8.15	
<i>Title</i>	Drug Abuse Treatment and Rehabilitation: a Practical Planning and Implementation Guide
<i>Author / Institution</i>	United Nations Office on Drugs and Crime, 2003
<i>Description</i>	This guide provides a framework to assist program planners and implementers in developing or enhancing drug treatment and rehabilitation services.
<i>Link to Tool</i>	http://www.unodc.org/docs/treatment/Guide_E.pdf
<i>Source / Contact</i>	United Nations Publications, Sales Office and Bookshop CH-1211, Geneva 10, Switzerland Tel: 41 (22) 917-2614; Fax: 41 (22) 917-0027 Web site: www.unodc.org

Tool 5.8.16	
<i>Title</i>	Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence
<i>Author / Institution</i>	World Health Organization, 2009
<i>Description</i>	This document provides guidance on implementing psychosocially assisted pharmacological treatment to reduce both illicit opioid use and harms related to opioid use and improve quality of life.
<i>Link to Tool</i>	http://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/

Tool 5.8.17	
<i>Title</i>	Evidence for Action: Effectiveness of Drug Dependence Treatment in Preventing HIV among Injection Drug Users
<i>Author / Institution</i>	World Health Organization, 2005
<i>Description</i>	This document reviews the effectiveness of drug dependence interventions.
<i>Link to Tool</i>	www.emro.who.int/aiecf/web203.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/

Tool 5.8.18	
<i>Title</i>	Policy Brief: Reduction of HIV Transmission through Drug-Dependence Treatment
<i>Author / Institution</i>	World Health Organization, 2004
<i>Description</i>	This policy brief reviews the evidence regarding drug dependence programs and their usefulness in reducing HIV transmission.
<i>Link to Tool</i>	www.emro.who.int/aiecf/web33.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/

Tool 5.8.19	
<i>Title</i>	The Practices and Context of Pharmacotherapy of Opioid Dependence in Central and Eastern Europe
<i>Author / Institution</i>	World Health Organization, 2004
<i>Description</i>	This document describes the current opioid situation in Central and Eastern Europe as well the role of pharmacotherapy for opioid dependence.
<i>Link to Tool</i>	www.who.int/substance_abuse/publications/treatment/en/index.html
<i>Source / Contact</i>	Marketing and Dissemination, World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 email: permissions@who.int Web site: http://www.who.int/

Tool 5.8.20	
<i>Title</i>	The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Guidelines for Use in Primary Care, Draft
<i>Author / Institution</i>	World Health Organization, 2003
<i>Description</i>	The purpose of this manual is to introduce the ASSIST and to describe how to use it in primary health care settings to identify people with hazardous or harmful drug use. The manual describes: reasons to ask about alcohol and other drug use; the context of substance involvement screening; the development and validation of the ASSIST; how to use the ASSIST tool; how to help patients who screen positive; and how to use the ASSIST in everyday practice.
<i>Link to Tool</i>	http://www.who.int/substance_abuse/activities/en/Draft_The_ASSIST_Guidelines.pdf
<i>Source / Contact</i>	Marketing and Dissemination, World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 email: permissions@who.int Web site: http://www.who.int/

Tool 5.8.21	
<i>Title</i>	Brief Intervention for Substance Use: A Manual for use in Primary Care, Draft
<i>Author / Institution</i>	World Health Organization, 2003
<i>Description</i>	The purpose of this manual is to explain the theoretical basis and evidence for brief intervention and to assist primary health care workers in conducting a simple brief intervention for risky or harmful drug use.
<i>Link to Tool</i>	http://www.adp.cahwnet.gov/SBI/pdfs/Brief_Intervention.pdf
<i>Source / Contact</i>	Marketing and Dissemination, World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 email: permissions@who.int Web site: http://www.who.int/

Tool 5.8.22	
<i>Title</i>	Self-Help Strategies for Cutting Down or Stopping Substance Use: A Guide, <i>Draft</i>
<i>Author / Institution</i>	World Health Organization, 2003
<i>Description</i>	This document provides guidance to people who use drugs on decreasing drug use and living healthier lives.
<i>Link to Tool</i>	http://www.who.int/substance_abuse/activities/en/Draft_Substance_Use_Guide.pdf
<i>Source / Contact</i>	Marketing and Dissemination, World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 email: permissions@who.int Web site: http://www.who.int/

Tool 5.8.23	
<i>Title</i>	Substitution maintenance therapy in the management of opiod dependence and HIV/AIDS prevention
<i>Author / Institution</i>	World Health Organization, United Nations Office on Drugs and Crime, and United Nations Joint Programme on HIV/AIDS, 2004
<i>Description</i>	This document provides evidence and discussion regarding the advantages of substitution therapy to assist opiod-addicted individuals, as well as how this can serve to decrease HIV/AIDS transmission.
<i>Link to Tool</i>	www.who.int/substance_abuse/publications/treatment/en/index.html
<i>Source / Contact</i>	Marketing and Dissemination, World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/

5.9: Implementing Interventions: *Prevention, Diagnosis and Treatment of Tuberculosis (TB)*

Tool 5.9.1	
<i>Title</i>	Evidence for Action: Policy guidelines for collaborative TB and HIV services for injecting and other drug users: an integrated approach
<i>Author / Institution</i>	World Health Organization, 2008
<i>Description</i>	The aim of these guidelines is to provide guidance to individuals working with drug users on developing a strategic approach to reducing morbidity and mortality related to TB and HIV among at-risk drug users and their communities.
<i>Link to Tool</i>	http://whqlibdoc.who.int/publications/2008/9789241596930_eng.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 3264; Fax: +41 22 791 4857 Email: bookorders@who.int Web site: http://www.who.int/

Tool 5.9.2	
<i>Title</i>	Policy Brief: Policy guidelines for collaborative TB and HIV services for injecting and other drug users
<i>Author / Institution</i>	World Health Organization, 2008
<i>Description</i>	This policy brief summarizes the evidence and recommendations in the <i>Policy guidelines for collaborative TB and HIV services for injecting and other drug users</i> , which were developed by WHO, in collaboration with UNODC and UNAIDS, and in consultation with a group of technical experts.
<i>Link to Tool</i>	http://whqlibdoc.who.int/publications/2008/9789241596947_eng.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 3264; Fax: +41 22 791 4857 Email: bookorders@who.int Web site: http://www.who.int/

Tool 5.9.3	
<i>Title</i>	TB/HIV: A clinical manual
<i>Author / Institution</i>	World Health Organization, 2004
<i>Description</i>	This manual provides guidance to clinicians about caring for patients (including PWID) with TB/HIV.
<i>Link to Tool</i>	http://whqlibdoc.who.int/publications/2004/9241546344.pdf
<i>Source / Contact</i>	Marketing and Dissemination, World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 email: bookorders@who.int Web site: http://www.who.int/

5.10: Implementing Interventions: Vaccination, Diagnosis and Treatment of Viral Hepatitis

Tool 5.10.1	
<i>Title</i>	Viral Hepatitis and Injection Drug Users
<i>Author / Institution</i>	Centers for Disease Control and Prevention and Academy for Educational Development, 2002
<i>Description</i>	This fact sheet provides key information on viral hepatitis among people who inject drugs.
<i>Link to Tool</i>	http://www.cdc.gov/idu/hepatitis/viral_hep_drug_use.pdf
<i>Source / Contact</i>	Global AIDS Program, NCHHSTP Centers for Disease Control and Prevention 1600 Clifton Road, MS E-30, Atlanta, GA 30333 Web site: http://www.cdc.gov/idu

Tool 5.10.2	
<i>Title</i>	Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C
<i>Author / Institution</i>	Institute of Medicine, 2010
<i>Description</i>	This document reviews current prevention and control activities and identifies future priorities for research, policy, and action to reduce new HBV and HCV infections and the morbidity and mortality related to chronic viral hepatitis.
<i>Link to Tool</i>	http://www.nap.edu/catalog/12793.html
<i>Source / Contact</i>	National Academies Press 500 Fifth Street, N.W., Lockbox 285 Washington, DC 20055; Tel: (800) 624-6242 or (202) 334-3313 Email: bookorders@who.int Web site: www.nap.edu

Tool 5.10.3	
<i>Title</i>	HIV and Substance Use Clinical Guidelines: Aspects of Primary Care for the HIV-Infected Substance User
<i>Author / Institution</i>	New York Department of Health AIDS Institute, 2009
<i>Description</i>	Provides guidance on providing primary care to HIV-positive substance users, including viral hepatitis.
<i>Link to Tool</i>	http://www.hivguidelines.org/clinical-guidelines/hiv-and-substance-use/aspects-of-primary-care-for-the-hiv-infected-substance-user/
<i>Source / Contact</i>	NYDOH AIDS Institute Office of the Medical Director 90 Church Street, 13th Floor, New York, NY 10007-2919 Tel: +1 212 417 4553 or +1 518 474 9866 Web site: www.hivguidelines.org

	Tool 5.10.4
<i>Title</i>	Management of common health problems of drug users
<i>Author / Institution</i>	World Health Organization, Regional Office for South-East Asia, 2009
<i>Description</i>	These clinical guidelines are intended for use by doctors, nurses, and other health care workers who work in community outreach, drop-in centers, community clinics, drug treatment centers, prison clinics, and hospitals. They offer guidance on the provision of primary health care to drug users and focus on the clinical management of common medical problems associated with drug use in the presence or absence of HIV infection.
<i>Link to Tool</i>	http://www.searo.who.int/LinkFiles/HIV-AIDS_Primary_care_guidelines.pdf
<i>Source / Contact</i>	HIV Unit, Department of Communicable Diseases World Health Organization, Regional Office for South-East Asia Indraprastha Estate, Mahatma Gandhi Marg New Delhi 110 002, India E-mail: hiv@searo.who.int .

CHAPTER 6: IMPLEMENTING HIV INTERVENTIONS AMONG INCARCERATED PEOPLE WHO USE DRUGS

Tool 6.1	
<i>Title</i>	Prison Needle Exchange: Lessons from a Comprehensive Review of International Evidence and Experience
<i>Author / Institution</i>	Canadian HIV/AIDS Legal Network, 2006
<i>Description</i>	This report provides a comprehensive review of the evidence for prison needle exchange programs. The goal of this report is to encourage prison systems with HIV and HCV epidemics driven by injection drug use to implement needle exchange programs.
<i>Link to Tool</i>	http://www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=1173
<i>Source / Contact</i>	Canadian HIV/AIDS Legal Network Tel: +1 416 595-1666; Fax: +1 416 595-0094 Email: info@aidslaw.ca Web site: www.aidslaw.ca

Tool 6.2	
<i>Title</i>	Treatment Improvement Protocol (TIP) 44: Substance Abuse Treatment for Adults in the Criminal Justice System
<i>Author / Institution</i>	Substance Abuse and Mental Health Services Administration, 2005
<i>Description</i>	This document provides best practices for substance abuse treatment in the criminal justice system.
<i>Link to Tool</i>	http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A80017
<i>Source / Contact</i>	SAMHSA's National Clearinghouse for Alcohol and Drug Information P.O. Box 2345, Rockville, MD 20847-2345 Tel: + 1 800 729 6686; Fax: + 1 240 221 4282 Web site: http://ncadi.samhsa.gov/

Tool 6.3	
<i>Title</i>	Substance Abuse Treatment for Women Offenders: Guide to Promising Practices
<i>Author / Institution</i>	Substance Abuse and Mental Health Services Administration, 2002
<i>Description</i>	This document offers helpful guidelines and ideas for designing promising programs to help addicted women in the criminal justice system.
<i>Link to Tool</i>	http://kap.samhsa.gov/products/manuals/taps/23.htm
<i>Source / Contact</i>	SAMHSA's National Clearinghouse for Alcohol and Drug Information P.O. Box 2345, Rockville, MD 20847-2345 Tel: + 1 800 729 6686; Fax: + 1 240 221 4282 Web site: http://ncadi.samhsa.gov/

Tool 6.4	
<i>Title</i>	HIV/AIDS in places of detention: A toolkit for policy makers, managers, and staff
<i>Author / Institution</i>	United Nations Office on Drugs and Crime, 2007
<i>Description</i>	This toolkit is designed to assist countries in their efforts to mount an effective national response to HIV/AIDS in prisons and to improve and, if necessary, reform their prison systems.
<i>Link to Tool</i>	www.unodc.org/unodc/en/hiv-aids/publications.html
<i>Source / Contact</i>	United Nations Publications, Sales Office and Bookshop CH-1211, Geneva 10, Switzerland Tel: 41 (22) 917-2614; Fax: 41 (22) 917-0027 Web site: www.unodc.org

Tool 6.5	
<i>Title</i>	Preventing Drug Use and HIV among Incarcerated Substance Users: Module for Prison Intervention
<i>Author / Institution</i>	United Nations Office on Drugs and Crime, 2007
<i>Description</i>	The objective of this curriculum is to sensitize the prison community to drugs and HIV issues and to create an enabling environment for advocating a comprehensive package of services for prevention of HIV.
<i>Link to Tool</i>	www.unodc.org/pdf/india/publications/Prison_module.pdf
<i>Source / Contact</i>	United Nations Publications, Sales Office and Bookshop CH-1211, Geneva 10, Switzerland Tel: 41 (22) 917-2614; Fax: 41 (22) 917-0027 Web site: www.unodc.org

Tool 6.6	
<i>Title</i>	HIV/AIDS Prevention, Care, Treatment, and Support in Prison Settings
<i>Author / Institution</i>	United Nations Office on Drugs and Crime, 2006
<i>Description</i>	This document provides a framework for developing an evidence-based national response to HIV/AIDS in prisons.
<i>Link to Tool</i>	www.unodc.org/pdf/HIV-AIDS_prisons_July06.pdf
<i>Source / Contact</i>	United Nations Publications, Sales Office and Bookshop CH-1211, Geneva 10, Switzerland Tel: 41 (22) 917-2614; Fax: 41 (22) 917-0027 Web site: www.unodc.org

Tool 6.7	
<i>Title</i>	Women and HIV in Prison Settings
<i>Author / Institution</i>	United Nations Office on Drugs and Crime and United Nations Programme on HIV/AIDS, 2008
<i>Description</i>	This document provides an overview of HIV risk among women in closed settings.
<i>Link to Tool</i>	http://www.unodc.org/documents/hiv-aids/Women%20and%20HIV%20in%20prison%20settings.pdf
<i>Source / Contact</i>	United Nations Publications, Sales Office and Bookshop CH-1211, Geneva 10, Switzerland Tel: 41 (22) 917-2614; Fax: 41 (22) 917-0027 Web site: www.unodc.org

Tool 6.8	
<i>Title</i>	HIV and Prisons in sub-Saharan Africa: Opportunities for Action
<i>Author / Institution</i>	United Nations Office on Drugs and Crime, United Nations Programme on HIV/AIDS, and The World Bank, 2007
<i>Description</i>	This document presents a summary of existing information on HIV among prison communities in sub-Saharan Africa, identifies gaps in information, and proposes a framework for action.
<i>Link to Tool</i>	www.unodc.org/unodc/en/frontpage/hiv-and-prisons-in-sub-saharan-africa.html
<i>Source / Contact</i>	United Nations Publications, Sales Office and Bookshop CH-1211, Geneva 10, Switzerland Tel: 41 (22) 917-2614; Fax: 41 (22) 917-0027 Web site: www.unodc.org

Tool 6.9	
<i>Title</i>	Effectiveness of interventions to address HIV in prisons
<i>Author / Institution</i>	World Health Organization, 2007
<i>Description</i>	This document provides evidence and best practices for HIV prevention, care, and treatment in prisons.
<i>Link to Tool</i>	http://www.who.int/hiv/idu/
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/

Tool 6.10	
<i>Title</i>	Interventions to address HIV in Prisons: Drug Dependence Treatment
<i>Author / Institution</i>	World Health Organization, 2007
<i>Description</i>	This document reviews and assesses the evidence for drug dependence treatment in prison settings.
<i>Link to Tool</i>	http://www.who.int/hiv/idu/
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/

Tool 6.11	
<i>Title</i>	Interventions to Address HIV in Prisons: HIV Care, Treatment, and Support
<i>Author / Institution</i>	World Health Organization, 2007
<i>Description</i>	This document reviews and assesses the evidence for HIV care, treatment, and support programs in prison settings.
<i>Link to Tool</i>	http://www.who.int/hiv/idu/
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/

Tool 6.12	
<i>Title</i>	Interventions to Address HIV in Prisons: Needle and Syringe Exchange Programmes and Decontamination Strategies
<i>Author / Institution</i>	World Health Organization, 2007
<i>Description</i>	This document reviews and assesses the evidence for needle and syringe exchange programs in prisons.
<i>Link to Tool</i>	http://www.who.int/hiv/idu/
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/

Tool 6.13	
<i>Title</i>	Interventions to Address HIV in Prisons: Prevention of Sexual Transmission
<i>Author / Institution</i>	World Health Organization, 2007
<i>Description</i>	This document reviews and assesses the evidence for prevention of sexual transmission among prison populations.
<i>Link to Tool</i>	http://www.who.int/hiv/idu/
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/

Tool 6.14	
<i>Title</i>	Inside Out: HIV Harm Reduction Education for Closed Settings
<i>Author / Institution</i>	World Health Organization, 2007
<i>Description</i>	Training manual that provides instruction on preventing the spread of HIV for staff and residents in drug treatment and rehabilitation centers.
<i>Link to Tool</i>	http://www.wpro.who.int/publications/PUB_978+92+9061+221+6.htm
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/

Tool 6.15	
<i>Title</i>	Policy Brief: Reduction of HIV Transmission in Prisons
<i>Author / Institution</i>	World Health Organization, 2004
<i>Description</i>	This document summarizes the evidence for HIV prevention programs in prisons.
<i>Link to Tool</i>	http://www.who.int/hiv/pub/idu/idupolicybriefs/en/index.html
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: permissions@who.int Web site: http://www.who.int/

	Tool 6.16
<i>Title</i>	Looking Inside and Affecting the Outside: Corrections-Based Interventions for STD Prevention
<i>Author / Institution</i>	Samantha Williams and Richard Kahn, 2007
<i>Description</i>	This article describes the current literature and interventions targeted towards correction-based populations and STD prevention.
<i>Link to Tool</i>	http://www.springerlink.com/content/w4348p2641860337/
<i>Source / Contact</i>	Behavioral Interventions for STDs: Theoretical Models and Intervention Methods. In J. M. Douglas (Ed.) & J. A. Lipshutz (Assoc Ed.), <i>Behavioral Interventions for Prevention and Control of Sexually Transmitted Diseases</i> (pp. 374–396).

CHAPTER 7: MEASURING PROGRESS AND EVALUATING HIV INTERVENTIONS AMONG DRUG-USING POPULATIONS

Tool 7.1	
<i>Title</i>	Monitoring & Evaluation Capacity Building for Program Improvement Field Guide
<i>Author / Institution</i>	Centers for Disease Control and Prevention, 2004
<i>Description</i>	This field guide provides guidance on building the capacity of HIV/AIDS-related programs and initiatives with the aim to improve programs and measure the success and impact of projects and countrywide programs. The guide also addresses ways in which monitoring and evaluation data may be used to inform and improve programs implemented in partnership.
<i>Link to Tool</i>	N/A
<i>Source / Contact</i>	Global AIDS Program, NCHHSTP Centers for Disease Control and Prevention 1600 Clifton Road, MS E-30, Atlanta, GA 30333 E-mail: drugg@cdc.gov Web site: www.cdc.gov

Tool 7.2	
<i>Title</i>	A Framework for Monitoring and Evaluating HIV Prevention Programmes for Most-At-Risk Populations
<i>Author / Institution</i>	United Nations Joint Programme on HIV/AIDS, 2007
<i>Description</i>	This document provides an overview of M&E methods and approaches for most-at-risk populations. It also covers the use of strategic information for program planning, monitoring, and evaluation.
<i>Link to Tool</i>	http://data.unaids.org/pub/Manual/2008/jc1519_framework_for_me_en.pdf
<i>Source / Contact</i>	UNAIDS Information Centre 20 Avenue Appia, 1211 Geneva 27 Switzerland Tel: +41 22 791 36 66; Fax: +41 22 791 48 35 E-mail: distribution@unaids.org Web site: www.unaids.org

Tool 7.3	
<i>Title</i>	Guidelines for Effective Use of Data from Surveillance Systems
<i>Author / Institution</i>	World Health Organization and United Nations Joint Programme on HIV/AIDS, 2004
<i>Description</i>	This document provides guidance on effectively using surveillance data for program planning, monitoring, evaluation, and advocacy.
<i>Link to Tool</i>	http://www.who.int/hiv/strategic/surveillance/en/useofdata.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: bookorders@who.int Web site: http://www.who.int/

Tool 7.4	
<i>Title</i>	Technical Guide for Countries to set Targets for Universal Access to HIV Prevention, Treatment, and Care for Injecting Drug Users (IDUs)
<i>Author / Institution</i>	World Health Organization, United Nations Office on Drugs and Crime, and United Nations Joint Programme on HIV/AIDS, 2009
<i>Description</i>	This document provides technical guidance to countries on setting ambitious, but achievable, national targets for scaling-up towards Universal Access to HIV/AIDS prevention, treatment, and care for Injecting Drug Users (IDUs).
<i>Link to Tool</i>	http://www.unodc.org/documents/hiv-aids/WHO%20UNODC%20UNAIDS%20%20IDU%20Universal%20Access%20Target%20Setting%20Guide%20-%20FINAL%20-%20Feb%2009.pdf
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 791 4857 Email: bookorders@who.int Web site: http://www.who.int/

CHAPTER 8: HIV PREVENTION AMONG DRUG USING POPULATIONS ADVOCACY AND POLICY

Tool 8.1	
<i>Title</i>	International Guidelines on HIV/AIDS and Human Rights
<i>Author / Institution</i>	United Nations Joint Programme on HIV/AIDS, 2006
<i>Description</i>	This document provides current guidelines on HIV and human rights.
<i>Link to Tool</i>	http://www1.umn.edu/humanrts/instree/t4igha.html
<i>Source / Contact</i>	UNAIDS Information Centre 20 avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 36 66; Fax: +41 22 791 41 87 E-mail: distribution@unaids.org Web site: http://www.unaids.org

Tool 8.2	
<i>Title</i>	Policy and Programming Guide for HIV/AIDS Prevention and Care among Drug Users
<i>Author / Institution</i>	World Health Organization, 2004
<i>Description</i>	This guide distills principles from policies and programs that have worked and provides an overview of how to develop a comprehensive and effective response to HIV among drug users and provides a list of characteristics of effective programs. The guide is designed to be used with RAR guides, advocacy, and other guides.
<i>Link to Tool</i>	http://www.who.int/hiv/pub/advocacy/idu/en/
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 731 4857 Email: bookorders@who.int Web site: http://www.who.int/

Tool 8.3	
<i>Title</i>	Advocacy Guide: HIV/AIDS Prevention among IDUs
<i>Author / Institution</i>	World Health Organization, United Nations Joint Programme on HIV/AIDS and United Nations Office on Drug and Crime, 2006
<i>Description</i>	This guide provides a systematic approach to advocating for HIV/AIDS prevention among IDUs, outlines the principles advocacy for HIV/AIDS prevention and care for IDUs, provides a step-by-step guide for establishing advocacy groups, description of tools and methods for achieving advocacy goals, and discusses the most used arguments for advocacy.
<i>Link to Tool</i>	http://www.who.int/hiv/pub/advocacy/idu/en/
<i>Source / Contact</i>	Marketing and Dissemination World Health Organization 20, Avenue Appia, 1211 Geneva 27, Switzerland Tel: +41 22 791 2476; Fax: +41 22 731 4857 Email: bookorders@who.int Web site: http://www.who.int/

General Health/HIV/AIDS

Centers for Disease Control and Prevention (CDC)

The CDC promotes health and quality of life by preventing and controlling disease, injury, and disability.

www.cdc.gov/

The Joint United Nations Programme on HIV/AIDS (UNAIDS)

UNAIDS brings together the efforts and resources of 10 UN system organizations to the global AIDS response. Co-sponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, and the World Bank. Based in Geneva, the UNAIDS secretariat works on the ground in more than 75 countries worldwide.

www.unaids.org

World Health Organization (WHO)

WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends.

<http://www.who.in/>

General Drug Use

The International Drug Policy Consortium (IDPC)

The IDPC is a global network of 24 national and international NGOs (including IHRA) that specialize in issues related to illegal drug use. The Consortium aims to promote objective and open debate on the effectiveness, direction, and content of drug policies at the national and international level and supports evidence-based policies that are effective in reducing drug-related harm. It disseminates the reports of its member organizations about particular drug-related matters as well as offers expert consultancy services to policymakers and officials around the world.

www.idpc.info

National Institute on Drug Abuse (NIDA)

NIDA provides strategic support and conduct of research across a broad range of disciplines and ensures the rapid and effective dissemination and use of the results of that research to significantly improve prevention, treatment, and policy as it relates to drug abuse and addiction.

<http://www.nida.nih.gov/>

Substance Abuse & Mental Health Services Administration (SAMHSA)

SAMHSA funds and administers a portfolio of grant programs and contracts that support state and community efforts to expand and enhance prevention and early intervention programs and to improve the quality, availability, and range of substance abuse treatment, mental health, and recovery support services in local communities.

<http://www.samhsa.gov/>

United Nations Office on Drugs and Crime (UNODC)

The UNODC is mandated to assist Member States in their efforts to tackle illicit drugs, crime, and terrorism. Their work program includes research and analytical work to

increase the knowledge and understanding of drugs and crime issues and expand the evidence-base for policy and operational decisions.

<http://www.unodc.org>

General HIV & Drug Use

Centre for Research on Drugs and Health Behaviour (CRDHB)

The CRDHB recently moved from Imperial College London to the London School of Hygiene and Tropical Medicine. It was founded in 1990 by Professor Gerry V. Stimson (the current IHRA Executive Director) and is an international leader in multi-disciplinary and intervention-based research on the social, behavioral, and epidemiological aspects of drug use and health behavior.

www.lshtm.ac.uk/crdhb

Open Society Institute and Soros Foundation Network (OSI)

The Open Society Institute (OSI) is a private operating and grant-making foundation that aims to shape public policy to promote democratic governance, human rights, and economic, legal, and social reform, and implements a range of initiatives to support the rules of law, education, public health, and independent media.

<http://www.soros.org/>

Risk Reduction

These Web sites provide regional and national networks for risk reduction practices, policies, and research.

Asian Harm Reduction Network

www.ahrn.net

Caribbean Harm Reduction Coalition

www.caribbeanharmreductioncoalition.htmlplanet.com/

Canadian Harm Reduction Network (CHRN)

www.canadianharmreduction.com

Correlation – European Network for Social Inclusion and Health

www.correlation-net.org

Eurasian Harm Reduction Network

www.harm-reduction.org

Harm Reduction Coalition (HRC) (USA)

www.harmreduction.org

International Harm Reduction Association

<http://www.ihra.net/>

Middle East and North African Harm Reduction Network (Mehahra)

www.menahra.org/

Latin American Harm Reduction Network (RELARD)

www.relard.org/

The International Network of People who Use Drugs (INPUD)

www.inpud.net

The International Youth Network for Harm Reduction (Youth RISE)

<http://projects.takingitglobal.org/harmreduction>

UK Harm Reduction Alliance (UKHRA)

www.ukhra.org

Behavioral Interventions

Diffusion of Effective Behavioral Interventions (DEBI)

The Diffusion of Effective Behavioral Interventions project (DEBI) is a U.S.-level strategy to provide high-quality training and on-going technical assistance on selected, evidence-based HIV/STD/Viral Hepatitis prevention interventions to state and community HIV/STD program staff.

<http://www.effectiveinterventions.org/>

Equipment Access

Exchange Supplies

Exchange Supplies is a social enterprise that is firmly committed to developing and supplying effective equipment and resources to improve and prolong the lives of drug users by reducing drug-related harm. They formed in 2001 as a way to take the initiative and produce citric acid sachets for needle exchanges to supply to drug users in the U.K.

www.exchangesupplies.org

Drug Abuse, Dependence, and Addiction Treatment

American Association for the Treatment of Opioid Dependence (AATOD)

The AATOD was founded in 1984 to enhance the quality of patient care in treatment programs by promoting the growth and development of comprehensive methadone treatment services throughout the United States.

<http://www.aatod.org/>

Byrne Surgery, Redfearn

The Byrne Surgery is a medical practice which is committed to improving the outlook for drug/alcohol users and their families by using a variety of treatments. The Web site is dedicated to dependency treatments, research, and education. It contains summaries of research articles, lectures, conferences, and links to other related information.

www.redfernclinic.com

Prisons

Canadian HIV/AIDS Legal Network

The Canadian HIV/AIDS Legal Network works with legal and human rights issues related to HIV/AIDS. They aim to promote human rights of people living with, and vulnerable to, HIV/AIDS, including prisoners. This includes access to HIV prevention, treatment, and support services.

www.aidslaw.ca/prisons

International Centre for Prison Studies

The International Centre for Prison Studies seeks to assist governments and other relevant agencies in developing appropriate policies on prisons and the use of imprisonment.

<http://www.prisonstudies.org/>

International Corrections and Prison Association

The International Corrections and Prison Association aims to contribute to public safety and healthier communities by encouraging and enabling best correctional practices in prisons and outside communities.

<http://www.icpa.ca/>

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